

THE ALKALOIDAL CLINIC

Vol. 5.

JUNE, 1898.

No. 6.

A Monthly Journal Devoted to Accuracy in Therapeutics, with practical Suggestions Relating to the Clinical Application of the Same.

EDITORIAL STAFF

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ADDRESS

THE ALKALOIDAL CLINIC,
Ravenswood P. O., CHICAGO.

SUBSCRIPTION PRICE:

United States and Canada, \$1.00 per year in advance.
Single Copies, 10 cents.

Four years for \$3.00 cash in advance.

Foreign (Postal Union) 50 per cent additional.

Chicago subscribers must add 25 cents for carrier postage.

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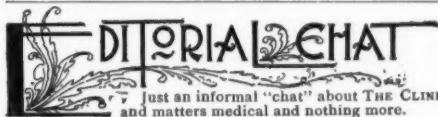
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Just an informal "chat" about THE CLINIC and matters medical and nothing more.

A BOOK FOR THE TIMES.

CLINIC readers have no doubt noted the unusual silence of Dr. Coleman of Houston, Texas. This silence is at last broken and the doctor comes forward with the manuscript for a brochure on yellow fever that embodies his rare experience and valuable deductions along this line to which

he has been giving much study for over forty years. It gives the history and cause of yellow fever, how it has been spread, how it may be prevented, how it should be treated and how it can be entirely eradicated. The manuscript reached us too late to admit of any part of it being reproduced in this issue, but it has gone straight to press and will be ready for our readers by the time or soon after this is in the mails. For commercial particulars see ad pages.

Every physician should have a copy of this book, and hundreds of thousands of copies should go into the hands of the intelligent laity without whose coöperation the grand and perfectly feasible results outlined by Dr. Coleman can scarcely be realized. The doctor looks upon this as about his last literary effort, but we sincerely hope he will be disappointed and that he will yet live to bless humanity for many years.

AN IDEAL BEEFSTEAK.

If you wish to prepare a delicious morsel for an invalid here is the way to do it: Take a slice of tenderloin, from one to two inches thick. Sit down to the task, for it will take an hour. With delicate forceps and scissors pick out and cut away every particle of connective tissue, tendon and vessels, leaving absolutely nothing but the muscular tissue. Have a bed of hot coals ready; place the steak on a broiler and hold it close to the fire until a crust is quickly formed. Then turn the other side and the edges to the coals in the same way; and when this is done the juices of the meat will be retained in the steak, and it may be cooked more slowly, about three inches from the coals. Serve hot, with salt, pepper, butter and a squeeze of lemon, on a hot plate. Try it, and you

will admit that the trouble is well taken for the result.

Should your taste prefer it, before cooking the steak split it open and insert a clove of garlic; which should be removed before sending to the table.

OBITUARY.

I am sure that every member of the great CLINIC family will join with me in tendering Dr. Waugh our sincere sympathy in the loss of his wife. Mrs. Kate Waugh died May 7 after a lingering, painful and necessarily fatal illness of many months. Called at forty-five to lay down the burden which she had so ably and gladly born, it would seem that she had been denied the measure of years that should have been granted her; but those who knew her best realize that she had crowded into these forty-five years an amount of care and anxiety and heart-full labor that is possible only to the rare few to whom much is given. In giving length of useful life to the many that have enjoyed the privilege of her rare personal care in the peculiarly successful sanatorium work to which she and the doctor have given many painstaking years, she unquestionably shortened her own. But her chosen work is done and she has gone forward in a halo of hope and anticipation of the better opportunities of the Great Beyond.

Our duty now is with the living, and I sincerely hope that the medical profession (and especially the CLINIC fraternity) which owes so much to our bereaved brother will be to him all it can be in this hour of greatest need.—ED. A.

NATURE'S ANTISEPTICS.

Dr. Schwinn, in *Practical Medicine*, has a thoughtful article upon "Nature's Antiseptics." He speaks of bacteria and their constant menace to health, and of nature's agents to combat and protect against these

insidious disease-producers. Of outside allies the chiefest is sunlight. Sun-worship is reached by every race emerging from barbarism, and would be even more excusable were the full influence of the great luminary comprehended. Desiccation, heat and cold, time, oxygenation and natural filtration, are also to be numbered among the safeguards of nature.

Within the human body we find another set of health-securing agencies. The *fibrille vibrissæ* of the nose are efficient as bacteria filters. The epithelium of the skin and the mucous membranes renders bacterial invasion impossible as long as the membrane is intact.

"The germs having once gained access to the system, either through the integument, or by way of respiration, or by the intestinal route, they will meet the next set of sentinels in the form of the widely distributed lymphoid tissue, consisting of single lymphoid cells, single or conglomerated follicles, or regular lymph glands.

"These organs, being fortified by a rapid multiplication of their elements, make a desperate effort to destroy the intruders by phagocytosis, and in case of success a general infection in the form of a regular blood-poisoning is warded off and the patient recovers. But not always are they equal to the emergency, and the bacteria pass on into the general circulation, poisoning the very blood itself, and very often bringing death to the patient.

"But even in such desperate cases not all is lost. The blood itself is a powerful antiseptic; its white cells are active phagocytes, seizing and crushing the enemy on all sides, and the serum contains a number of proteids, which are highly unfavorable to the existence of microbes and their toxins.

"Chief among these so called defensive proteids is a substance derived directly from the nucleus of cells and called nuclein. It is a powerful antiseptic and present in every tissue, solid or fluid, thus con-

stantly saturating every part of the system and at the same time covering the inner surface of the intestinal tract, where, in combination with the hydrochloric acid of the stomach and the bile in the small intestines, it acts as a powerful intestinal antiseptic. With the help of these agents many a case of chronic blood-poisoning has finally gone on to recovery; and the treatment best adapted to cases of infection of any kind will never neglect the importance of fortifying the system, by the judicious administration of food most easily assimilated and of the highest nutritive value."

DECIDEDLY OUT OF PLACE.

A visit to the subscription department elicits the pleasing information that the pink wrappers are disappearing rapidly. This is as it should be and we sincerely trust that none of our readers will allow this very hot and uncomfortable looking dress to remain on the CLINIC during the summer months. It is unbecoming and very much out of place.

EARLY TREATMENT.

Hahnemann said some very good things, and none better than when he urged his pupils to watch the beginnings of disease. Sage advice, for very often this is the only time when the case is curable. Functional affections of the heart are apt to be slurred over as of little consequence; whereas they are in reality the curable stages of affections of this organ, which, when fully developed, can only be palliated.

But it is in the affections of the bowels, especially of children in the summer season, that this advice is most important. Too often, when the doctor is called and finds the child in the clutches of cholera infantum, he is informed that the bowels have been loose for some days, or even weeks,

but the parents did not think it necessary to call in the doctor.

And in such cases it is the latter who is at fault; for he knows better, and should have instructed his patients properly.

On the first occurrence of an offensive stool the physician should be summoned. He has three principal duties to perform: (1) He must see to the hygiene of the premises and surroundings. (2) He must regulate the diet and personal hygiene of the little patient. (3) He must stop microbic action in the alimentary canal and disinfect it thoroughly; and this may be done most admirably by a few doses of neutral cordial (rhubarb, ipecacuanha, hydrastis and an alkali) with some tablets or granules of sulphocarbolates. These rules are universally applicable; whatever else is necessary will be indicated by the case. Calomel and magnesia, chalk and bismuth, castor oil and astringents, all have their uses in appropriate cases.

One of the curious problems is the use of aconitine, or better, the Dosimetric Triade, in congestive or inflammatory conditions. Veratrine is an emeto-cathartic, and strychnine increases peristalsis; while arsenic is an irritant to the stomach, as is digitalin; yet the combination of strychnine arseniate with the agents named is of inestimable benefit in intestinal inflammations, when given alkalometrically, in proper cases, proper doses, at suitable intervals.

Now our homeopathic brethren will be inclined to find plenty of comfort in this, as they claim to have employed veratrum for diarrheal affections for many years. But there is a wide gulf between the distinctly effective doses of the alkalometrist and the infinitesimals of the Hahnemannian; while the modern use of the drug is not derived from the doctrine of similars, or from any *a priori* theory whatever, but from the well-known properties of veratrine in combating congestion and inflammation. The effect is distinctly antipathic, not homeopathic.

POST-GRIPPAL NEURASTHENIA.

Apostoli and Planet describe a case of neurasthenia of three years' duration, following three attacks of influenza, in which static electricity was employed. For eleven days a daily static bath was used, the seances being from ten to twenty minutes. The *ozonateur* was placed before the mouth. He then walked more easily, he was stronger in the legs, slept better and the tongue was clean, the pains in the limbs gone. Sleep and appetite were very good. After each seance the patient felt great improvement; this was, he said, the best hour of the day.

To the static baths were then added treatment by currents of great rapidity in the "condensation bed" (*lit condensateur*). The first treatment gave rise to a little headache, but the following were well borne. The seances lasted from ten to fifteen minutes.

Four days later the static baths were followed with revulsion by sparks from the back and legs.

Eleven days later a profound and constant improvement was to be noted in the sleep, which then lasted all night without a break. The weakness of the legs also disappeared for some hours after each treatment. After forty days' treatment, the following results had been obtained :

1. Slumber profound and prolonged, without interruption, lasting ten or twelve hours.
2. The general debility greatly diminished, but the legs still feeble.
3. Disappearance of the pains in the legs.
4. Appetite very good, digestion well performed, the tongue without the saburral coat.
5. The general condition much ameliorated, the patient feeling stronger, more gay, able to do mental work longer and more frequently, without feeling great malaise.

I have translated this from the *Bulletin Officiel de la Societe Francaise d'Electrotherapie*, because we are sadly deficient in the means of agents to combat post-grippal neurasthenia, and this is a very common malady in America. And it looks as if static electricity would be one of the most popular features of the medical practice of the near future. It is assuredly a powerful agent, and accomplishing great things in the hands of those who understand it.

THE SUMMER.

Before the month of June comes to a close, we will have had our first skirmish with the summer diseases. And redoubtable enemies they are. During my first years of medical practice, I soon learned a wholesome respect for the prowess of cholera infantum, and many a little grave was filled with his victims. That dreaded "second summer" was not mentioned prominently in the text-books; indeed the disease itself was to be searched for, hidden away in chapters headed diarrhea, enteritis, entero-colitis, or some such designation, instead of the more familiar term of summer complaint.

But no one can practise long in any one of our great cities without becoming too sadly familiar with the group of affections embraced under that title. A single season suffices to convince one of the utter inefficiency of the ordinary methods of treatment. In the next, the doctor "tries," Haller's acid, Hope's mixture, and the other devices of men wise and otherwise, to meet the difficulty. By the third summer the doctor has learned that the better part of valor lies in discretion; he is no longer too self-confident to run from this terrible adversary, and he sends all his rich patients flying from the city before July comes, and to the poorer ones he preaches the useful sermons on hygiene. And here at last he strikes firm ground; for pure air, pure water and pure food, that is, purely nutri-

tious, properly prepared food, will notably lessen the mortality records of the dog-days.

But within the past dozen years all this is changed. The laws of hygiene are as true as ever they were; the ounce of prevention is still worth its pound of cure; but we are no longer helpless when these have failed to prevent. Since the theory of intestinal antiseptics has come into vogue we face the enemies with much better founded confidence than before. We know something of the pathology of the disease now, and in this instance, at least, therapeutics has kept pace with her classic rival, and we can confidently affirm that we know how to cure the summer complaint.

It will be of interest to note whether this 'years' writers have departed widely from the views expressed by the CLINIC of 1897. Several still clung to the calomel and soda, rhubarb and ipecacuanha, chalk mixture, bismuth, paregoric and astringents of antiquity; but the most of those who wrote had adopted intestinal antiseptics in some form. And what a difference in the way they felt and wrote! Hopeful, alert, confident, the enemy had lost his invulnerability—in fact, he had turned out to be a very two-penny sort of a devil after all; a thing for Punch and Judy shows, and not the awful Power that shrivels the soul of the devotee with fright.

It is still the earnest desire of the CLINIC that every reader who feels that he has a word worth saying on the subject of summer diseases and intestinal antiseptics, would say it. Even if we cannot print all, or if a lengthy letter is cut down to a dozen lines, say it. The few lines will contain the kernel, the part that really interests our bright readers, and the lengthy details, repetitions of what everybody knows, and irrelevant matter, are the parts omitted. But give us all; and we will judge as to what is to be omitted. For when we prepare manuscript for the printer,

we may select one well-written article to go in entire. From the next we omit what has been already well said in the first; and so on; for the CLINIC's pages are too valuable to permit an unnecessary line. Send in your papers on summer complaint.

And don't forget the new W-A Intestinal Antiseptic. Judging from the early reports it has fulfilled a long-felt want. But "out of the multitude of counsel cometh wisdom," and we want the collective verdict of thousands.

Of the new antiseptics none has a stronger array of reasons, *a priori*, for its efficacy than benzosal, the benzoate of guaiacol. It contains fifty-four per cent of guaiacol and forty-four per cent of benzoic acid. It decomposes mostly in the small intestine, being resolved into its constituents. We thus obtain the full therapeutic efficacy of guaiacol, without its nauseous taste. No irritation of the stomach or gaseous eructations follow the use of benzosal. In chronic bronchitis or phthisis with free secretion and irritative cough, this should prove especially valuable, because intestinal antiseptics is of very pronounced value in these affections, and because the benzoic acid diminishes the flow of mucus. The dose is five grains; and the only objection thus far noted is the high price as compared with that of the sulphocarbolates.

ADULTERATION OF MILK.

The perishable nature of milk, as a salable commodity, has led to numerous attempts to conceal its age and infirmities by the addition of chemical agents. Among these may be named borax, boric and salicylic acids, and even minute quantities of the naphthols. To these agents, designed to prevent microbic action in the milk, and the consequent chemical changes, has been added a new one, which seems destined to win wide popularity among

milk dealers. This is formaldehyde, but it has been placed on the market under various names, such as "freezine," and "callerine." It is very difficult of detection, the slight odor it possesses soon being lost by evaporation. The quantity employed is half an ounce to forty quarts of milk.

The ordinary test for formaldehyde is sulphuric acid, but in milk this is not always successful. The sulphuric acid causes a brownish or blackish discoloration; but if a little ferric chloride be first added to the acid, a distinct purplish or violet tinge may be seen at the line where the acid solution comes in contact with the milk. The reaction may require several minutes to develop.

Just what effect formaldehyde would exert upon the functions of the human body is not definitely known. Salicylic acid inhibits in greater or less degree the action of every one of the digestive enzymes. It seems probable that any agent that will stop the action of bacteria will also interfere with that of the digestive ferments. And if this be true, it may well be true that other processes, that interfere with the natural tendency of organic food-products to decomposition, may likewise prevent their assimilation and final admission as vitalized constituents of the human body. Boiling prolongs the time during which milk may be kept sweet; but does this process interfere with the digestibility of the milk? Or even if digestion is accomplished, are absorption and assimilation perfected? These are difficult questions. To answer them it is necessary to show (1) that life may be sustained in health indefinitely, by fresh, unboiled milk without any other food whatever; (2) that equal results are obtained by the exclusive use of boiled milk. The experiments must be continued for long periods, because the body has numerous resources in itself by which periods of abstinence may be safely passed.

There are many facts going to prove that foods are most digestible when in that condition that renders them most prone to decomposition, or even when this process has really begun. Raw beef, oysters, eggs, and blood are more readily digested and assimilated than these foods when cooked; and cured meats require much longer periods for digestion than the same meats in decomposable forms. In all ages the epicure has preferred his viands in a "gamy" state, that is, after being hung up until decomposition has commenced; while the same gastronomic experts eat oysters and clams taken living from the shell, and look with disdain upon lobsters, terrapin or turtles that are not plunged while still alive into the boiling water.

The use of fresh fruit juices, the living protoplasm of plants, has not yet been studied with that degree of scientific precision that is desirable. But even here we have the notable phenomena of scurvy to guide us, and it seems likely that much of the debility in the latter stages of long continued maladies is really scorbutic. It has certainly seemed to the writer that the systematic administration of fresh fruit juices has been of marked benefit to patients; so much so that the prescription of these foods has become fixed as an integral part of the treatment. In numerous instances the use of fruit juices as a diet has been followed by the speedy recovery of patients suffering with summer diarrheas, dysenteries and other affections of the alimentary canal.

It is a pity that so much of the literature on this subject is marred by commercialism. Cut out the puffs of proprietary foods, and how little we have left. Many men refuse to speak of or use these foods; from the disgust excited by these mercenary reports. But this is erring on the other side. What we want is the truth. The best food for infants and invalids is none too good. Readers, if you know what it is, say so in time for the July CLINIC.

LEADING ARTICLES

We solicit papers for this department from all our readers. They should be on topics kindred to the scope of THE CLINIC, and not too long. Reprints in pamphlet form will be made at a very low price, and in any quantity from five hundred up. If you wish to send sample copies to your friends, see provision under "Articles" in general statement, first page of Editorial Department.

Contributors are earnestly requested to furnish us with a recent photograph, to be used in illustration of their articles.

THE PHYSIOLOGICAL BASIS OF INTESTINAL ANTISEPSIS.

By John Aulde, M. D.

IT is my purpose in the following remarks to take a comprehensive survey of some of the more prominent and conspicuous factors concerned in securing and maintaining intestinal antiseptics. For example: In health what may be termed a normal antiseptic condition of the alimentary tract is maintained, notwithstanding the fact that millions of micro-organisms exist therein. Indeed, for a long time it was supposed that these micro-organisms were essential to the digestive processes, but that theory has finally been exploded. In my opinion, it is nothing more than a counterpart of the constant battle that is going on all around us in every department of business and in every walk of life, another illustration of the doctrine of the survival of the fittest. Moreover, it serves as a further illustration of the law of compensation. Therefore when compensation is lost disease arises, in other words, rever-

sion takes place; and it is our duty as well as great privilege to study and determine the unphysiological basis under which reversion occurs, to the end that we may prevent it.



JOHN AULDE.

Even to the obtuse and superficial observer it must be clearly apparent that one of the most scientific, because the most natural, methods for overcoming reversion must deal directly with the restoration of cell function by promoting cellular activity and by increasing resistance through our knowledge of the principles underlying leu-

cocytosis. But treatment of this character, it will be said, necessarily rejects all remedies which are calculated to suspend or obtund nerve irritability, since most of them prevent the elimination of waste products and thus promote self-infection and tend in the direction of reversion. And while this is true in part it is not wholly so, for the reason that many of them can be

employed for a specific purpose or as temporary expedients; and this is what I conceive to be the position of the entire *materia medica*. We should hold medicine as a reserve force; it was never intended to be used as food and drink. Do my readers fully realize the importance and significance of this observation? I hope so, and I sincerely trust they will put my teachings to the crucial test during the approaching heated period.

A number of remedial agents will be demanded to meet the special conditions arising from diseases incident to the summer season; and while I cannot pass them all in review I will endeavor to indicate a few and outline the general plan of medication deemed most commendable in our efforts to promote recovery and avert reversion.

For the condition of the stomach, perhaps one of the first in importance is mercury binioidide in small doses, say one-half milligram, gr. 1-67, every hour, with or without hot water. In case of great and distressing nausea the patient should be directed to lie on the right side with the head lower than the body, so that the organ will be favorably placed for emptying itself. The mercurial is an efficient antiseptic as well as a liver stimulant, a most happy combination under these circumstances. I have met with new patients who had suffered for years from repeated attacks of this character, lasting for several days or a week and seriously interfering with both work and pleasure, who promptly recovered in the course of a few hours by the judicious employment of this single remedy.

With the editor's permission I would like to digress sufficiently to claim this as an original method of treatment, including the instructions as to the position of the patient. If some one comes after me and recommends the same or another mercurial but introduces the innovation of having the patient stand upon his head, be it remembered that I am entitled to the credit of

having first recommended the remedy and position as part of the treatment. Some years ago I took very particular care to recommend lying on the right side as a ready means of permitting the stomach to empty itself into the small intestine (after the introduction of liquids). Within six months I counted at least half a dozen of articles on substantially the same topic where my original recommendation had been incorporated without credit, except in a single instance. One of these contributors thought he had improved on my recommendation by advising that the patient should lie on his back a few minutes before turning upon the right side. Let us see how this imitation turns against the imitators. The liquid recommended in this instance was the peroxide of hydrogen which when brought into contact with diseased tissues causes effervescence and produces gas. Ordinarily in disorders of the stomach this is not of much consequence; but in cases where the patient is reduced in flesh, where there is dilatation of the organ, ulcer or cancer the results may prove serious indeed. I knew this thoroughly at the time, but wanted to see how many wanted to jump into popularity by grabbing my thunder. The patient should lie on the left side when gas accumulates in the stomach, since this is the only favorable position for its exit through the small intestine.

For the intestinal tract salines may be used in moderation simply for the purpose of removing objectionable material, not with the idea of keeping it in a normal condition. The value of this suggestion will be apparent when we take into consideration the needs of the intestinal canal for a normal antiseptic, this being furnished by the secretions when the condition of the system is favorable. It is only when reversion has taken place and persists that salines may be given repeatedly with any prospect of benefit. Even then it is a questionable practice; especially is this

true when we can within a few hours arrest and prevent reversion by the administration of Nuclein.

Perhaps I ought to say a word here explanatory of my belief in regard to disease processes. Cases have come under the observation of nearly every physician in which there appeared to be some occult cause for a sudden change in the condition and prospects of the patient. In my judgment such cases of profound depression are due to active poisoning from sudden reversion. Although this applies forcibly in the case of intestinal disorders, it is equally applicable in nearly all forms of disease. This is well illustrated in the case of large burns which almost invariably prove fatal. True in such instances we may say the nervous system is profoundly affected, but that reasoning only leads us into a vicious circle. The effect of the injury disorders the nerve supply and thus interferes with cellular activity; and as a consequence reversion takes place, active poisons being formed which are dissolved in the alimentary canal and subsequently carried into the circulation. In addition to this, however, is the strong probability of poisonous products being formed within the tissues of the body from derangement of the nerve-supply—in other words, from the arrest, disturbance or suspension of cellular activity. In disorders of the intestinal tract we have to contend with both these possibilities, and our most earnest solicitations must prove futile indeed without a correct interpretation of the physiological basis of treatment.

Salol has been highly recommended, but it is not without danger even in the limited sphere to which it is adapted. If given in usual large doses and promptly dissolved an untoward effect may be produced upon the kidneys and seriously interfere with subsequent medication while not readily soluble concretions are formed which introduce a new element of danger.

Calomel is almost universally employed,

but I have practically discarded it for the biniodide, and for the following reasons:

(1) It is more prompt in its action. (2) It is an effective antiseptic. (3) It is an efficient hepatic stimulant. (4) It is given in much smaller doses. (5) It relieves congestion of the pelvic viscera. (The biniodide of mercury must be thoroughly triturated before using and should always be given in the form of a trituration or a properly prepared granule or tablet, the dose for a child five years of age being one-half milligram).

Copper arsenite, which I first brought to the attention of the profession (September, 1888), is a remedy which has attained widespread popularity on its merits. It is especially indicated for the relief of intestinal affections, the symptoms being cramps, colicky pains and diarrhea, although it has at least a hundred definite and specific uses. Its influence is principally through the nervous system, although there is no room for doubt as to its efficacy at the point of contact. The dose will vary from one one-hundredth of a grain to one five-thousandth, although I have not frequently employed the infinitesimal dose in recent years.

The hepatic function will also demand our attention, not with the expectation that we can materially increase the activity of the liver by means of direct medication but knowing that we may accomplish much by relieving tension and lessening the work it is called upon to do through increasing the functional activity of other organs, notably the skin. We all know how effective is the hypodermic administration of pilocarpine in the treatment of erysipelas and some other disorders, and it is in evidence that this increased elimination through the skin is an important factor; but we must not forget that pilocarpine produces its effect, in part at least, through the artificial leucocytosis which follows its employment, and this in turn facilitates tissue-change by which we can estimate its value in averting reversion. In this con-

nection should also be mentioned the value of flushing the system through the alimentary canal with a view to prevent the absorption of poisons—ptomaines, leucomaines and cadaveric extracts. In short, the object of treatment of digestive diseases is to promote elimination and maintain the physical equilibrium while supplying the system with the necessary pabulum for its daily needs.

The nervous system must not be overlooked, but it is unwise to use remedies which tend to suppress or retard the activity of cell-function; hence the value of the preceding suggestions relating to elimination. Pain may be measureably controlled by the judicious employment of morphine in severe cases; but for the most part codiene will prove quite sufficient. As a temporary expedient, it may be used with advantage; but with proper attention to the functions of elimination its employment may be early discarded.

Elevation of temperature and acceleration of the pulse-rate must be taken as important guides in determining the actual condition of the patient, reduction in one or both being accepted as the first indication that the elimination has begun through the proper channels. To illustrate: A patient may complain simply of a high fever, with no local tenderness or other manifestation of systemic involvement. Twenty-four hours later the first symptom of an abscess appears and the temperature begins to fall, but the patient has not recovered because elimination has not taken place through the proper channels. Again, this abscess may be the fore-runner of an attack of typhoid fever, when reversion is firmly established. The question is, can this reversion be arrested? I can reply most positively in the affirmative.

Perhaps reports covering the observations of other physicians may prove more convincing than anything which I could say in confirmation of this claim.

About a year ago I visited a medical friend, socially, who is resident physician in a large hospital where he had under his care about a thousand insane patients. In the course of our conversation I asked incidentally what his results had been in the use of Nuclein Solution. He pointed to a large pile of papers lying on the safe nearby, saying, "There are the records of over six hundred cases of various forms of bowel troubles in which your Nuclein Solution was the only remedy employed, and covers a period of three years. As a rule, every tenth patient is placed upon routine treatment, all others upon nuclein; but in about seven out of ten cases where routine treatment is adopted it is discontinued in a few days and nuclein substituted. Where recovery ensues under routine treatment there is always a period of convalescence, while with nuclein medication the patients are well and return to regular diet at once or as soon as the active symptoms have subsided. In fact, there is no period of convalescence because the patients are well." Evidently no exceptions can be taken to this report on the ground that hypnotic influences were used upon the patients.

Another report which reached me by mail a few days ago may be cited as additional evidence that the greater part of the medical profession is now and has for a long time been working largely at the wrong end in their efforts to secure and particularly to maintain intestinal antisepsis. The report comes from a general practitioner with a large practice among all classes of people and well-informed as to recent methods and exceedingly practical in his attention to details. It runs as follows: "Early in the present month I wrote to you about the use of nuclein in the case of a man fifty-three years of age, prematurely senile, physically prostrated, intellectually normal and with no organic disease discoverable. Before getting your reply to my second letter, a quantity of the solution

was secured and I at once began the use of it subcutaneously. The result has been so marked that I will take time to describe briefly the condition of the patient before and after treatment.

"Originally the patient was endowed with a fine constitution. Extremely energetic, he does not remember an hour in his whole life when he was wholly idle; and the intensity of his energy always spurred him to work harder than his muscular system could support. Ptomaines in a spoiled beef-steak, eaten during the latter part of March, prostrated him so severely that he lost ten pounds in three days and on April 1st he was emaciated till he weighed less than at any time since the age of seventeen. After the poisoning there was extreme anorexia which continued for some time (ten days); intestinal digestion was *nil* up to the time of receiving the nuclein; the stools fetid."

"As soon as the solution arrived I began the use of it by hypodermic injection without waiting for your reply to my letter of inquiry. Two doses (large) deodorized the stools, stopping an hyper-peristalsis and frothy dejections; hot solutions of beef extract were acceptably borne by the stomach and in two days solid food was relished and well digested. The patient at this time is taking and assimilating any kind of solid food, is at work and free from severe fatigue, and there is sweet sleep where formerly there was insomnia. He is bright, cheerful and happy and is gaining flesh. Medication at this date includes moderate doses of Nuclein Solution (Aulde), after meals, together with *nux vomica*, *rhubarb* and *hydrastis*, but Nuclein was the first remedy which made it possible to introduce other treatment, and a relish for food almost immediately followed its use."

The reader will observe that I have thus far said but little of that interesting class of medicinal agents that, having been absorbed into the blood stream, act as anti-

septics as they are poured back into the canal, and nothing about local antiseptics, those that act direct directly upon the contents of the intestinal tubes; but that I have the rather confined myself to the auto-antiseptics which in most instances it is possible to induce and maintain through cellular therapy. I would not decry the methods of antiseptics above mentioned; and in fact there are many cases in which it is necessary to employ one or the other, or perhaps both, before even a reasonable approach to auto-asepsis can be secured and much less maintained.

Examples of the first class have already been cited in mercury biniodide and copper arseniate; and it must suffice to merely mention these as types of that interesting and important group to which they belong, assuring you that he who makes a careful study of their possibilities will be richly repaid. As the most important example of the second class I cite the sulphocarbolates which were brought prominently before the medical profession some years ago by Dr. W. F. Waugh and are just now being popularized and marketed under the name of the W-A (Waugh-Abbott) Intestinal Antiseptic. This preparation is a compound of chemically pure sulphocarbolate of lime, soda and zinc and is said to be pleasanter of action and more thorough in effect than any mixture of the commercial salts. Five to ten grains should be given to an adult every two to four hours until effect—this as synergist to or in case of the failure of the physiological method which is the subject of this paper.

In looking over the foregoing pages I cannot help realizing how imperfectly the ground has been covered; but it remains for the reader to discover the grains of truth which give such promise of an abundant harvest, although the crop may not be garnered before the rise of another generation.

Philadelphia, Pa.

APOCYNIN.*

By John M. Shaller, M. D.

I WISH to call the attention of the class to the wonderful effects of a medicine, tried under severest circumstances in an



JOHN M. SHALLER.

entirely helpless case, with results that were as astonishing as any I have ever observed.

The patient, aged twenty-five years, had had albuminuria for over two years. When I first saw him during his last sickness, he was unable to lie down because of severe dyspnea, and because of very painful and forcible pulsation of the veins in the neck, which latter symptom indicated dilatation of the right ventricle. At the wrist it was doubtful if pulsation could be felt at all, and yet, at times, it seemed that two or three feeble pulsations in one minute might be made out.

There were four distinct heart-sounds following each other irregularly and rapidly, with a considerable pause between the last and the first sounds.

You all know that while four valves close during a cardiac cycle, there are but two sounds produced, because two valves close simultaneously. This case confirmed my belief that closure of the valves has more to do with the production of heart-sounds than is generally conceded. Each of the four valves closed at a time separate and distinct from the others, and as a consequence, four distinct valvular sounds were heard.

Some physiologists claim that other things produce heart-sounds; but there can be no doubt that closure of the valves alone is sufficient to produce the sounds heard on auscultating the heart. The pulsations of the heart and of the veins in

the neck numbered ninety-six. The right ventricle was enlarged. The legs were highly œdematous up to the body, as was also the abdominal wall. The penis and scrotum were markedly œdematous and the latter was as large as a man's head. Three pints of urine, specific gravity 1.010, which contained fifty per cent of albumen, were passed in twenty-four hours.

Bowels moved only after cathartic. Respiration labored and difficult. The patient was very anemic. You will see from this array of symptoms that the patient's condition did not admit of a hopeful prognosis. Everything pointed to speedy dissolution without much chance even for amelioration. It was a condition before which one feels powerless to render much assistance. For several weeks he had been growing steadily worse under the care of another physician, and at this the eleventh hour I could not see that medicine would be of any value.

There is one point, however, that should be made here; no matter how hopeless a case may seem to be, it can almost always be benefited in some way. It can in some way be improved no matter how slightly. Let us review the symptoms that presented themselves; painful and marked pulsation of veins in the neck, no pulse at the wrist, extensive œdema, dilation of the right heart with inharmonious action of the valves, embarrassed respiration and highly albuminous urine.

You will soon learn that while you are examining your patient, and without an apparent effort at thinking of a suitable prescription, one will suggest itself to you. As a rule, physicians do not examine their patients and then sit down and think exclusively of their prescription. When this is so, the disease is a complication, and is not clearly defined in the mind of the examiner.

The remedy that suggested itself in the above case was apocynin, a resinoid of Canada hemp, or *apocynum cannabinum*.

*Part of a lecture on Clinical Medicine delivered to the students at the Cincinnati College of Medicine and Surgery.

One granule, gr. 1-12, was given every two hours. After twenty-four hours two granules were given every two hours. The pulse on the third day was ninety and could be counted at the wrist; the pulsation of the veins of the neck was less forcible and less painful. On the fourth day, three granules were given every two hours. On the fifth day the radial pulse was ninety-six, and four granules were given every two hours. On the sixth day the radial pulse was forty-six. The granules were reduced to two every two hours, but on the seventh day the pulse had returned to ninety. The venous throbbing in the neck had ceased. There were but two normal heart-sounds instead of four. Four granules were given every two hours and the pulse thereafter varied between eighty-four and ninety-six. The amount of urine was not increased until the eleventh day, when five pints were passed, the next day six, and two days after, seven. This increased flow of urine soon reduced the scrotum to its normal size and the legs were much softer and smaller.

Apocynin had another good effect. The bowels at first were constipated. Several days after taking it they were moved two or three times in twenty-four hours. The patient's general condition improved gradually for four weeks. He again was able to help himself to lie down in bed and feel very comfortable. There was every reason to presume that he might again be fairly well, when uncontrollable nose-bleeding set in, from the effects of which he died. Bleeding from mucous membranes frequently accompanies albuminuria. The blood could be seen simply oozing from the nasal mucous membrane. Persistent bleeding of this character has led to the suspicion and to the diagnosis of kidney-disease.

The only remedy given in conjunction with apocynin was strychnine arseniate, about gr. 1-40, three times a day. It is always best to give simple remedies. One

can then tell which medicine produces the results.

This case was the third in which I had used apocynin. The first case was one of œdema of the feet and legs, as a result of a feeble heart and low blood-pressure, in a patient aged seventy-six. The case got well rapidly.

The other case was one of mitral regurgitation with œdema of the feet and legs, in a man of fifty. Two granules every two hours relieved the œdema within a week.

My experience is limited to these three cases—all of which had œdema of the extremities from feeble heart-action. In each case the heart became stronger, the blood-pressure increased, which necessarily increased the quantity of urine. Dyspnea was present and was relieved in each case.

The indications for the use of apocynin are the same as those for the use of digitalis—feeble and rapid heart-action, low blood-pressure, scanty urine, œdema and cardiac dyspnea.

The advantage that it has over digitalis, is that it has a stomachic tonic effect instead of interfering with the appetite; and it also acts as a cathartic. The dose to begin with should be gr. 1-4 every two hours, gradually increased after three days trial, until the pulse grows stronger and the heart-action more normal. If gr. 1-4 had been given in the above case at the beginning, the increase in the amount of urine would not have been delayed so long. Not being familiar with the remedy, it was gradually and slowly increased until some improvement was manifested.

Re-establishing the radial pulse; reducing the dilatation of the right ventricle and the pulsation of the veins in the neck; the rapid fall of the radial pulse from ninety-six to forty-six; the increase in the amount of urine from three to seven pints, all pointed to the effects which apocynin exerts upon the vascular system.

This action must have come through the

vaso-motor nerves, and through them upon the involuntary muscle-fibers of the heart and blood-vessels. The four heart-sounds were evidently produced because of the extreme dilatation of the right heart. The muscles were weakened and could not respond as quickly as the muscles of the left heart to the normal stimulus. Consequently, the right side acted sluggishly or slower than the left and its valves contracted at a later period. I will repeat that the indications for the administration of apocynin are, cardiac dyspnea, particularly produced by dilatation of the cardiac muscles, oedema of cardiac origin, rapid, feeble or irregular pulse, palpitation, scanty urine accompanied by a pulse that is easily compressed and feeble, even if it is slow. In other words, whenever there is a weak heart with feeble pulse, or whenever a heart needs to be strengthened, apocynin in gr. 1-4 doses given every two hours is a remedy that will probably offer us better service than digitalin. At least, it deserves a week's trial in all complicated heart-diseases. Digitalis is the most important heart-remedy of its class; but very often it fails, and frequently it interferes with or disturbs digestion. Apocynin fortunately has the opposite effects, and what is also of value is that it acts as a cathartic.

When giving apocynin or digitalis it is absolutely necessary to carefully watch the pulse. Although general improvement frequently follows, without reduction of the number of pulsations, yet we should expect the number to be reduced; and we should always remember that the heart may be made to beat dangerously slow by the administration of apocynin and digitalis.

As soon as the pulsations are about sixty, it is time to gradually withdraw the remedy or to give it less frequently. The heart cannot be thus reduced without improving some of the symptoms, or producing some change in the patient's condition. You can therefore see the necessity, whenever

you are using medicines of more or less potency, to always leave strict injunctions that as the patient improves, or as certain symptoms subside, the remedy should be given less frequently or in smaller doses.

Your success in the treatment of all cases will depend upon selecting a proper remedy, and in pushing that remedy until some improvement is manifest or until some prominent physiological effect is produced.

Remedies are given because of the physiological effects they produce, and the dose must be increased until these are manifest if good results are to be derived from their use.

Cincinnati, O.

CHOLERA INFANTUM.

By Lizzie E. Hazelton, M. D.

WHAT subject could be of greater interest and importance than the diseases incident to childhood during the



L. E. HAZELTON.

heated term? It behooves us, one and all, to acquire that line of treatment which will do the most good in the shortest time possible. The intense heat of summer, with improper diet or feeding, will soon make sad havoc among the little ones. Cholera infantum is characterized by its occurring almost wholly during the summer months, in young, and generally teething, children. Improper feeding is a frequent cause of this disease, also repetition of feeding before the previous food has passed out of the stomach. Adding fresh milk to what has remained in the stomach not thoroughly digested gives rise to an acid ferment which decomposes and acts on the whole alimentary tract, thus causing fermentation in stomach and bowels. During the heat of summer the little ones suffer from thirst. Cold-water is withheld from most of them. Because the child

frets and worries the mother nurses it frequently, thinking that this will quiet it when a few teaspoonfuls of fresh cold water would be far preferable. As it gets the milk, whether bottle fed or nursing, without regard to consequences, the result is acid fermentation. Another great error which exists in regard to nursing children is the rocking chair. How many mothers there are who continually rock the child, as it nurses, thinking that the easiest way to get it to sleep! I do not advocate rocking the child while nursing or taking bottle. It should be kept in a perfect state of quiet and even for an hour or two afterward. The child should be placed in a reclining position, with just sufficient clothing to keep it comfortable during heated term. There should always be a light woolen bandage worn on the abdominal region during the first two and one-half years, to prevent chilling. Now the best method of securing intestinal antisepsis which I have found is as follows: When there are vomiting and purging, with a little diarrhea, we know at once that some ferment has arisen in the alimentary canal. If we are called in time we can soon put an end to the trouble.

First use a pint of warm water containing one-half an ounce of peroxide of hydrogen (Marchand's) as an enema, pass the water as high up into the bowel as possible, have it retained as long as possible. When that passes out, give the child some very warm water, that has been boiled and partially cooled, containing half an ounce of listerine and a few drops of peppermint essence to stimulate and render aseptic the stomach. This causes expulsion of gas and acids in rendering inert any foreign matter which may be present in the stomach. When this has been brought about and the enema previously given has gotten the alimentary tract into a condition which will allow of more thorough work being done, give one granule (gr. 1-6) of podophyllin every three hours, until all cause of

irritation and diarrhea (acid ferment) has been expelled. This usually requires from four to six doses. Then give one granule of zinc sulphocarbolate and one granule of Waugh's Anodyne for Infants every half to one hour until the ferment is thoroughly arrested and the intestinal canal thoroughly cleansed. Then the stomach is in a condition to thoroughly digest food without setting up fermentation.

The first food I give is a little sterilized milk with lime-water added; also one granule of Waugh's Anodyne for Infants and one of zinc sulphocarbolate, to keep the bowels in good condition and give quiet and rest. After that has been devoured, the food having been withheld for from twelve to twenty-fours in a good many cases, the child takes a long rest which is much needed. I give little food at a time and not often. The previous food should have been digested and passed out of the stomach. I give fresh water that has been boiled and cooled, several times a day, with listerine or peroxide of hydrogen added. This prevents fermentation and the action of microbes.

The food of children, during the heated term, should be of liquid form, easily digested, as plenty of chicken broth, beef soup with no fat on top, rice water, oatmeal boiled a long time with plenty of water and salt. This latter should be strained and sweetened, and is beneficial to the bowels. Do not forget to give one granule of zinc sulphocarbolate once or twice daily to prevent fermentation and keep the system in healthy condition.

Do not give opium to infants with cholera infantum as it "locks up" the secretions and stops peristaltic action of the intestines. On the contrary the secretions and septic matter of microbic origin should be carried on out of the bowels. When there is fever give aconitine granules, four in twenty-four teaspoonfuls of water, a teaspoonful to be given every fifteen minutes for four doses, then a dose every hour for

three or four doses. This seems to be the amount required for the worst cases, as the rest of the treatment aids in reducing fever and inflammatory conditions. With regard to bathing infants, I do not use soap very often as infants do not need it. I add a teaspoonful of bicarbonate of soda to the bath water once a day when cholera infantum is present, as that keeps the skin in an alkaline condition and takes off all effete material, keeping the pores of the skin open and giving the entire surface an alkaline reaction. This neutralizes the acid condition produced by the ferment.

Indianapolis, Ind.

ON THE USE OF VISKOLEIN.*

By J. F. Griffin, M. D.

ABOUT the first of July of last year, a communication from my friend, Dr. Ben. H. Brodnax, of Brodnax, La., was accompanied by a printed paper, it being a copy of a paper read by Dr. Geo. H. Rice, of Sandoval, Ill., before the Illinois State Medical Society, held at East St. Louis, Ill.

Dr. Rice, in his paper, professed to be able to abort typhoid fever and other fevers of a zymotic character, by a remedy which he termed Viskolein. I wrote, however, to Dr. Brodnax, expressing decided antagonistic views toward it, declaring it to be on a line with the Woodbridge treatment against which, I own, I have had a prejudice which I do not now entertain. I asserted, most emphatically, that I did not believe typhoid fever could be aborted. Dr. Brodnax enclosed my letter to the Maltbie Chemical Co., Buffalo, N. Y., and shortly afterward a polite letter came to me from that firm telling me of the fact that my letter to Dr. Brodnax had been sent to the Company by him, and the hope was expressed that my views could be changed if I would give the remedy a fair trial, and accordingly a full sample of it was sent to me.

*From *The Medical Summary*, May, '98.

So far as I could see everything connected with the remedy was of an ethical character; so I decided to give the Viskolein a fair trial, and arranged with Dr. T. E. Schumpert, who is in charge of the Charity Hospital of Shreveport, La., to try it in some cases of typhoid fever.

About this time I also received a letter from Dr. Rice, to whom the Company had sent my letter written to Dr. Brodnax, and he urged that I should give the Viskolein a trial.

In the hospital there was a case of typhoid fever in the person of F. L. Downey, white, aged twenty-three years.

Name Patient *F. L. Downey* Treatment began *July 14-97*
Diagnosis *Typhoid fever*

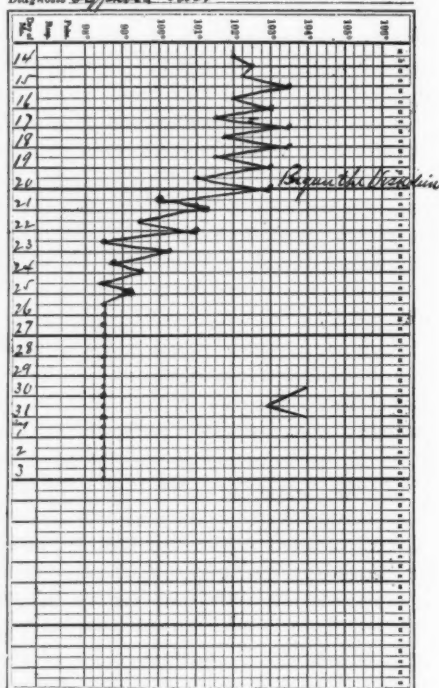


CHART NO. 1.

As he seemed to be doing well I hardly thought it necessary to try the remedy in this case, but as the temperature was rather high Dr. Schumpert decided that it would

be good case in which to test the abortive effects of the Viskolein. At 6 o'clock, July 20th, the patient was given a hypodermic injection of the Viskolein solution,

Name Patient *Berry, Quis* Treatment began *June 29/17*
 Diagnosis *Remittent Fever*

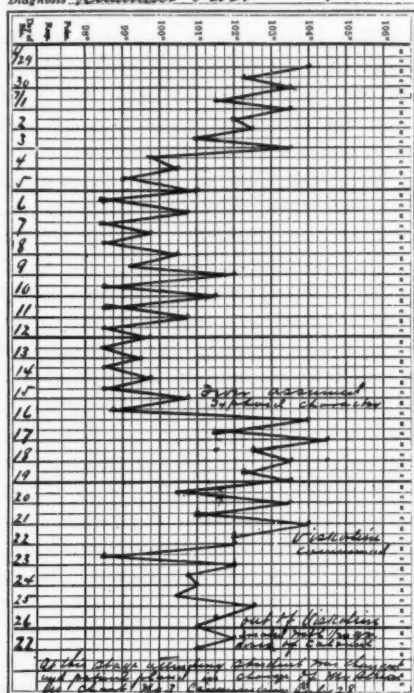


CHART No. 2.

in a dose of ten minims mixed according to directions in ten minims of water that had been boiled. This was followed by a dose of the Viskolein powder to be given by the mouth and repeated every four hours, in doses of five grains. The drops were repeated every twenty-four hours and the powder continued. By reference to the chart, as here shown (chart No. 1), the rise and fall of the temperature is clearly shown each day. The thermometer used was that of Fahrenheit, as in all of the charts given. This case went on to a very rapid recovery, and I consider the markings to show remarkable results; in

fact I may say the result is very beautiful, as one may see by consulting the chart.

The next case was that of T. H. Berry, white, aged twenty-five years. He had been growing worse, and on July 20, he was given five minims of the solution hypodermically and five grains of the powder per oreum, the latter to be repeated every four hours. On the morning of the 21st the dose of the solution was repeated and the powder continued every four hours. Daily doses of the solution were given, and the results are shown on chart No. 2. On the 26th, the solution on hand being exhausted, he got no more of it; but the

Name Patient *Berry* Treatment began *June 29/17*
 Diagnosis *Dyspepsia, Fever*

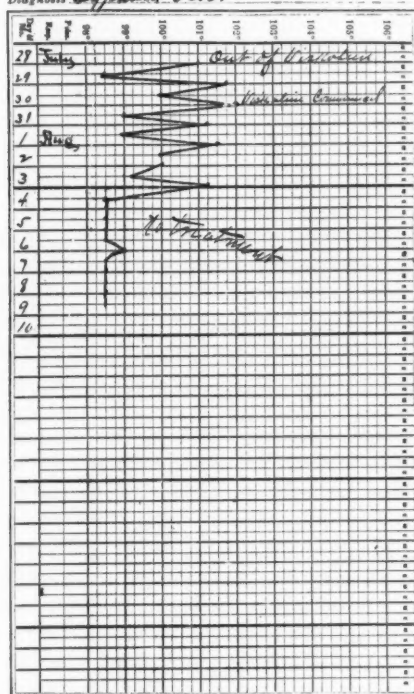


CHART No. 3.

powders were continued. At this point on the chart, it will be seen that the fever rose. A fresh supply of the solution arriving, he was given a hypodermic of it

on the 31st, and it was continued through August, and the results are shown in chart No. 3.

The third case was that of Lola Walker,

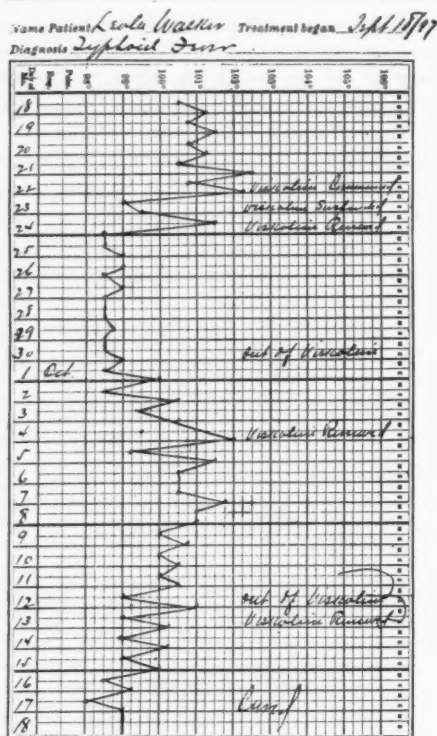


CHART No. 4.

colored, aged twenty-one years. This woman had been sick about two weeks before entering the hospital. She was very weak and had a tottering gait, with high fever. The treatment with Viskolein commenced on the afternoon of Sept. 22d, the results of which are shown in chart No. 4. On the afternoon of Sept. 23d the treatment was suspended for twelve hours and then resumed, and it will be seen in the chart how the temperature rose in the interval and fell when when resumed. On the 30th the supply of Viskolein was exhausted, and was not renewed until the afternoon of Oct. 4th, the chart showing a

rise of temperature in the meanwhile. Again the Viskolein was exhausted on the afternoon of Oct. 11th, but at once renewed on the afternoon of the 12th and used continually until about the 20th, when it was suspended altogether. Owing to a misunderstanding about the supply of Viskolein the patient did not get it regularly; and although the case was not aborted on the whole, the results were favorable and show conclusively the power of the remedy over the temperature. On the afternoon of Oct. 4th, the patient having no Viskolein for several days, it will be seen on the chart that the temperature rose to 102 degrees, and that during the night it fell down to 99 1-4 degrees. This was due to thirty drops of Viskolein solution given by the mouth, renewing it at the time, and given in this way simply to see its effect given thus. It was afterwards given by hypodermic injection.

Mrs. S. R. G., an invalid of many years, is subject to occasional attacks of illness brought on by indigestion in which she suffers pain accompanied with obstinate constipation and more or less heart trouble, such as palpitation, and at the same time there is a great weakness. Relief is usually brought about by frequent and constant use of enemas, either of plain water or medicated. In her last attack of this character there was extreme flatulence and the breath was quite offensive, showing a septic condition of the intestinal tract. After partial recovery this septic condition was quite apparent, with great loss of appetite. It occurred to me to try the antiseptic virtue of the Viskolein powder, so I accordingly gave her ten grains of it dissolved in water. In a short time there was a marked change, the flatulence was gone and she was decidedly better. One of the effects of the dose was to create some mental excitement. On the following day I gave her another dose, but reduced it to five grains. This had a slight stimulating effect, accompanied, she said, by a soothing,

quieting sensation, while the septic condition was overcome. Out of the different medicines which had been given to this lady I noticed that she frequently called for Viskolein and objected to other remedies.

For upwards of fifty years I have combatted what is now termed jugulation. Experience and observation have hitherto taught me that typhoid fever and pneumonia cannot be aborted, and they have a certain course to run and that there is a limitation to them; but reason and theory go to show that if fevers of that character are produced by an invasion of bacteria, creating a septic condition, whether this be done by the bacteria themselves, or by ptomaines or leucomaines resulting from them, then any antiseptic that would destroy bacteria or counteract ptomaines or leucomaines ought to abort the fever.

Agrippa said unto Paul: "Almost thou persuadest me to be a Christian." Now, like Agrippa, I am led to apostrophize Viskolein and say: "Almost thou persuadest me to believe in jugulation," and I will add that as Christianity proved to be the truth, so may jugulation also prove to be the truth.

Shrevesport, La.

ACTIVE PRINCIPLES VS. COMMON DERIVATIVES.

By John J. Harris, A. B., M. D.

STARTING with quinine, morphine, strychnine, aconitine, atropine, etc., on down the line of our *Materia Medica*, we have a long list of activities or essentials, standing alone, of definite strength and potency, minus all extraneous, inert substances, concise, minute, rational. The crude drug may change, may vary in strength, but the alkaloid is immutable. Now a "common derivative" of cod-liver oil is morrhuol or gaduol; of lard or fats is glycerin or stearin.

To say that these extractives represent respectively the potency or "active prin-

ciples, of these substances is misleading to say the least. They are not of course essential or nutritive principles.

If this extractive of cod-liver oil contains iodides, bromides, etc., why not administer these chemicals in the ordinary definite forms found in the shops? The fathers tell us cod-liver oil is a highly concentrated fatty food, consequently "good for consumption."

Now must we abandon this substance for the shadow because some college professors and others recommend the so-called "cod-liver oil elixirs," etc? Then we abandon the oil and food theory of the fathers.

They tell us that the fishy, disgustingly greasy base is eliminated; that these elegant preparations are palatable and pleasant to take; that children cry for them; that grown people sniff the spirit principles from afar; that the afflicted rise up and call the concoction blessed; that they can now take cod-liver oil without a qualm.

Most people are given to tipping in some form or fashion. Anything that savors of spirit or wine is "good medicine."

The elixir or cordial habit is catchingly seductive. Good people lay the flattering unction to their souls that they are taking medicine because it is prescribed by their doctor, and are not, as others are, the victims of a raging, consuming thirst—"topers."

The backwoodsman likes to be told by his doctor or anyone to put a pinch of quinine in a quart of whisky and take of the same regularly.

The city lady is likewise catered to in elegance.

The manufacturers and venders of these catchy preparations have an eye single for business.

They realize that it is woe to the physician nowadays who insists on forcing down the throats of his patient bitter, nauseous, bulky mixtures. The worm is

turning. The laity is being educated. Medieval medicine is passing. Alkaloidal medication is with us to stay.

The *fin de siècle* crowns the decade in therapeutics with the charm of accuracy and elegance; likewise surgery with the light of precision and cleanliness.

The shibboleth of the age is "*mulum in parvo*."

St. Louis, Mo.

—:O:—

Dr. Harris justly objects to the sacrifice of efficiency to palatability. But in the case of cod-liver oil this need not be done. This is a simple oil, plus a combination of extractives collectively known as morrhuol. If we take goose-grease, lard oil, butter or any animal fat, possibly even any vegetable fat, and add morrhuol, we will have a preparation answering the therapeutic indications of cod-liver oil to all practical purposes. But if we take the morrhuol and do not at the same time take the fat, we lose one of the most tangible effects of the morrhuol, which is to render the fat easily absorbable. This is too often forgotten when people take these elegant cordials like Hagee's. The direction to take cream, butter or other fats at the same time should always accompany the prescription. Otherwise the patient loses a valuable effect of the medicine; but if this precaution be taken, the difference is simply one of palatability, and what this is can be easily tested by trial.

And we must add our hearty approval of Dr. Harris' remarks as to the danger of physic-tipping by the laity. This is an evil every one of us should combat. I noted recently in the daily press a flaring recommendation of Paine's Celery Compound by a prominent author and leader among the Keeley graduates. Does he not know that this is a strongly alcoholic drink, not differing essentially in its properties from whiskey? How soon will he "fall from grace," deluded back to drunkenness by a nostrum?—Ed.

ANTISEPTIC TREATMENT OF NASAL CATARRH.

By Dr. R. C. Cottingham.

"THE physician who is sure of his diagnosis says little. He who is not sure talks much without being understood." And, it might well be said, gives many remedies. What I intend is to simply and briefly outline a treatment for cases of typical *nasal catarrh*, without entering into detail as to its etiology, diagnosis, pathology, etc., and will tell what I find best for the treatment of such patients as come under the care of the active practitioner, which treatment if properly used will cure the vast majority of his patients, and at a small cost, thereby avoiding the periodical visits of the so-called "catarrh specialists," who may travel in your section advertising to cure "all cases of catarrh."

I shall assume, as I believe, that all such disease is the product of some vegetable parasite, that the mucous membrane has been inflamed and is diseased by catarrhal bacteria.

That the disease is amenable to treatment most effectively, by some mild alkaline antiseptic medicament, is proven by actual experiment. After over ten years' experience in this line of special treatment, in both hospital and private practice, I am led to believe that the majority of such patients are not only amenable to treatment but are curable. I find that it is imperative to have the patient keep the nasal passages thoroughly clean; and for this purpose I find the following, made into tablets, to be convenient for dispensing and far superior to the many proprietary nostrums placed on the market, not to mention the economy: Sodium borate, acid boracic, sodium chloride, aa gr. v; oil of eucalyptus, m. 1-25; oil of gaultheria, m. 1-20; tar, m. 1-2; thymol, gr. 1-20. Mix, and make into a tablet. Direct: Dissolve in three or four ounces of

tepid water, and use in irrigator to cleanse nasal passages, twice a day, or as may be required.

As a means of conveying or applying this into the nasal passages, I have a small device termed an Improved Nasal Irrigator far superior to any atomizer; douche or costly compressed air apparatus yet devised. For with this Improved Nasal Irrigator a patient can cleanse perfectly all parts of the nasal and post-nasal space; also if used correctly it gives no pain or discomfort, and has the advantage of having no valves, tips, tubes or bottles to get out of order or break, and is always ready for use. It is so easy to manipulate that a child can use it, and any desired force can be obtained. A current of a fraction of an inch or as much as fifty feet can be obtained as the patient may desire. I have patients who use it on the most delicate and inflamed mucous membrane. I have yet to see a patient who has in any way caused any injury to the eustachian tube and the middle ear; while on the other hand many patients who had catarrhal inflammation of the middle ear have obtained complete relief by this treatment.

After the patient has thoroughly cleansed the nasal passages, I usually have them apply up each nostril a mild antiseptic ointment like the following and varying in strength as may require: White petrolatum, acid tannic, acid salicylic, oils of eucalyptus and gaultheria. Mix. Direct: Apply a piece the size of a pea in each nostril after irrigating.

This covers and protects the recently exposed mucous membrane, and being slightly astringent it contracts the capillaries which are congested.

For internal treatment I would give remedies that may seem to be required to meet indications. Many simple cases require no internal treatment. But many of them have read of wonderful blood-remedies required in order to obtain a cure; and for this reason I often prescribe a mild stom-

achic tonic for the moral effect if no other; while in some cases it is necessary to give internal medicines, as some are anemic, or may have some form of indigestion, or perhaps are constipated.

Generally, chronic cases will improve by giving a course of stomachic tonics and remedies that tend to improve or promote the assimilation of food.

True hypertrophy can be relieved quicker and better by using four per cent cocaine solution locally to anesthetize the hypertrophic tissue, and then applying locally glacial acetic acid, which will turn the tissue white and cause the hypertrophy to slough and disappear. Always irrigate after using the glacial acetic acid to prevent other than parts desired being touched. After this the patient can be treated with the Nasal Irrigator and antiseptic wash as before described. If the general practitioner will learn to recognize cases of nasal catarrh and its sequela and adopt a treatment similar to the one I have briefly given, he will cure as many as or more cases of catarrh and catarrhal deafness than the traveling specialist, and doubtless with much less expense to the patient. I have now used this treatment on over two thousand patients and I believe over ninety-eight per cent are cured.

The following five cases treated will demonstrate the condition and class of patients usually treated with the antiseptic treatment as outlined above.

Case 1. Male, age sixty-eight years; consulted me June, 1897; he had previously had two attacks of la grippe, followed by free watery discharge from anterior nares; easy to contract cold, frequent sneezing, etc. His hearing had gradually grown worse until he could scarcely hear the ticking of a watch when placed against the outer ear. I prescribed the use of the Nasal Irrigator and had him irrigate the nasal passages twice a day, and had him use antiseptic ointment, snuffing it well up each naris. Instructed him to irrigate less fre-

quently as his condition improved. Internally I prescribed dilute nitromuriatic acid and sulphate of iron, three times a day, to be taken for some weeks. After two month's treatment he called at my office so much improved that he asked to discontinue, the head-symptoms having disappeared and hearing being about perfect again, and general health good.

Case 2. Female, age thirty years; consulted me November, 1897. Complained of general debility, easy to contract cold in the head, had some hypertrophy of lower turbinated tissue and muco-purulent discharge from nasal and post nasal passages. At times was quite nervous; in fact it was a mild case of hypochondria; had severe frontal headaches and shooting pains, noises in the ears like insects, etc. Did not eat or sleep well. Each winter for three years her symptoms grew more severe. She had been treated by reputable physicians for female, liver and nervous diseases, but with no success. I diagnosed her case as naso-pharyngeal catarrh with nervous disturbance. Placed her on treatment, and had her use Improved Nasal Irrigator twice a day to remove secretion and cleanse nasal passage, to be used less frequently as improvement would justify; also antiseptic ointment as prescribed. Internally gave her a tonic composed of dilute phosphoric acid, strychnine sulphate, and alternated with three drop doses of *liquor potassii arsenitis*, which seemed to act admirably. Patient called every two weeks, after three months discharged cured, gained fifteen pounds.

Case 3. Mrs. S., age thirty-five; consulted me August, 1897. Claimed to have had catarrh for over fifteen years, which I believe, for the offensive smell which emanated from her breath was equal to the smell of a tannery. She had large slugs and flakes of foul smelling excretion or substance which at times would become dislodged and blown out of nasal passages. This was a typical case or advanced atro-

phic rhinitis; the base was widened, and bridge of nose sunken.

She had used "every thing," but with no success. Used one hundred and five bottles of one patent catarrh cure which advertises \$500.00 reward if it fails to cure. But she neither got a cure nor a reward. Placed her on treatment with Improved Nasal Irrigator, directed her to use freely two or three a times a day enough to keep the parts thoroughly cleansed, also had her use antiseptic ointment. Gave her tonic composed of nitromuriatic acid and sulphate of iron to be taken three times a day.

After about four months use, as she had no foul smelling secretion or ozena, had her irrigate at least once a week for one year. At the present she claims to be perfectly well and shows no tendency of her catarrh to return.

Case 4. Child, age three and a half years; consulted for difficulty of breathing while sleeping. Examination showed a general congestive hypertrophy of nasal and post-nasal passages with free muco-purulent secretion. Had the mother use Improved Nasal Irrigator and solution of antiseptic tablets, using very gentle force to cleanse parts affected, after which mild antiseptic ointment was used as directed. After six weeks' use the child was reported relieved.

Case 5. Sister of Charity; consulted me December, 1897. Had noises in her ears and difficulty of hearing, also obstructed nasal breathing. Found true hypertrophy and middle ear trouble. Used four per cent cocaine and glacial acetic acid to reduce hypertrophy. Followed with use of Improved Nasal Irrigator, antiseptic tablets and antiseptic ointment to nasal passages as directed. Once a week had her call at my office to inflate eustachian tube and middle ear. After two and a half months of such treatment patient claims to be entirely relieved, no noises in the ears, no headache and breathes freely per nares.

Moberly, Mo.

CHRONIC CUTANEOUS ULCERS AND THEIR TREATMENT.

By S. C. Martin, M. D.

Professor of Skin Diseases in the Barnes Medical College.

THE frequent occurrence of ulcers in middle life and the stubborn resistance they offer to the most skillful treatment furnish sufficient grounds for a careful examination of their pathology. Unless they are the manifestation or accompaniment of specific disease, they are almost invariably seated on the front of the lower leg or behind the malleolus—parts most exposed to traumatism and least capable of resistance to their injurious results. Varix is a leading cause in the production of this class of ulcers. The anatomical character of this region is an auxiliary factor, deprived, as it is, of adipose and cellular tissue, as well as vascularity, so abundantly provided in other parts of the body.

The tissues of the lower part of the leg, ankle and foot, are composed largely of skin, fascia, tendons and ligaments bound tightly together, with a meager, and at times obstructed, blood supply; and yet they have a heavier burden to bear than any other members of the body, especially when it is erect and in motion. The return circulation has also gravitation to encounter, which retards the current and favors the development of varix. This condition is often aggravated by improper wearing apparel, such as waist-bands, garters, corsets and tight shoes; so when everything is considered, it is a puzzle to understand why chronic ulcer of the leg is not more common than we find it to be.

A small ankle and foot are admired, especially in females; but for a heavy lady, large shin bones and ankles, with feet to correspond, contribute more to bodily vigor, if not to symmetry, than the former; and at the same time the comfort of the individual is materially increased. We can readily understand how weak a man would

be with an avoirdupois of 350 pounds bearing down on feet encased in number six shoes, and still the writer has witnessed this very anomaly. Non-specific ulcers of the leg may be divided into the healthy, indolent, irritable, inflammatory, phagedenic and hemorrhagic. The healthy ulcer does not need our special attention, except to emphasize the fact that all the other kinds mentioned must be converted into that form before we hope to effect a permanent cure.

In our management of ulcers, this must be kept constantly in mind. The indolent ulcer, which is a common form, is chronic, deep and excavated, with ugly granulations, discharging a thin and bloody pus, with hard, shiny and irregular edges, often presenting the appearance of vulcanized rubber, not only in feel but in color. The skin is firmly glued to the underlying fascia, and nearly always destitute of cellular tissue.

Deficient vascularity very often accounts for the slow reparative process in this form of ulcer. Its history, fortunately, is marked by an entire absence of pain. The treatment indicated is first, a thorough cleansing of the ulcer with an antiseptic lotion and dusting its surface with eucrophen, which is a sixty per cent iodine compound, obtained by the action of iodine on solutions of phenol-phtalein. The advantage of this preparation over most others of similar constitution is in its non-toxic, odorless, desiccative, antiseptic and mildly stimulating properties, which render it serviceable in all forms of cutaneous ulceration. It is an acid, however, which will only exert its antiseptic action by being converted into a soluble form. This is accomplished by its union with the free alkali of the human secretions, lymph and blood. The conditions necessary for its successful action are a complete removal of crusts and purulent accumulations from the surface of the ulcer.

After dusting the ulcer thoroughly, a pledget of absorbent cotton should be

applied, over which a small compress of euphonia gauze may be placed, and kept under the uniform pressure of a properly adjusted flannel bandage. No rubber bandages should be applied, for they are always as uncomfortable as a rubber shoe when constantly worn. The dressings usually do not require to be renewed oftener than two or three days. Internal treatment must not be neglected; alteratives, laxatives and tonics, are generally indicated.

The irritable ulcer is always accompanied with pain. It presents a grayish surface, irregular but non-elevated edges, discharging purulent matter tinged with blood. In this form of ulcer the patient should be placed on his back, with the leg elevated. We should first apply nitrate of silver solution in the strength of three or four grains to the ounce of water, with the same quantity of tannic acid added, on lint; subsequently the Nosophen powder may be dusted over the ulcer in thin layers, after having added to it an equal quantity of acetanilid to allay painful accompaniments. The cotton, Nosophen gauze and flannel roller may now be applied as in the indolent form of ulcers. In some cases where the pain and irritation persist, an opium lotion may be temporarily resorted to. Constitutional treatment must be governed usually by the requirements of the case and is symptomatic.

Inflamed ulcer is greatly the outcome of the foregoing forms, induced by overstimulation or mismanagement. It is marked by heat, redness and swelling, with an offensive, purulent and bloody discharge. The treatment is rest of the limb in an elevated position, antiseptic, cooling and evaporating lotions. The inflammation must be reduced before applying the Nosophen dressing or bandage, as in the other mentioned forms.

In hemorrhagic ulcers, which are generally a variety of the irritable ulcer, Nosophen is particularly efficient on account of its hemostatic and soothing properties.

This form of ulcer occurs mostly in females who are troubled with irregularities of menstruation. The proper treatment in such cases is to correct as far as possible the conditions which occasion or aggravate the ulcer, and then pursue the treatment above outlined.

When there is a varicose complication, our object should be to relieve the dilated vessels from blood-pressure. To this end we should resort to the uniform pressure of the flannel bandage. In this condition the blood moves slowly, more oxygen is given off to the tissues, the skin is dark and cold. The flannel bandage furnishes the soft, equable pressure so much needed, and restores warmth with comfort to the parts. The skin, where the varicose condition continues long, becomes brawny and pigmented, with a tendency to degeneration. By judicious pressure, the normal circulation can in a measure be restored and such results prevented.

The treatment of ulcers cannot be rigidly fixed, but may be outlined and modified according to requirements of pathological conditions.

St. Louis, Mo.

INTESTINAL ANTISEPSIS IN THE TREATMENT OF CHOLERA INFANTUM.

By E. Cornet, M. D.

THE summer months are at hand and with them one of the most dreaded diseases to which the children are heir, dreaded both by the loving mothers who are made miserable by the mere thought that the darling baby might become a victim of the summer scourge, and by the physician who, remembering past experiences, fears to see the record of deaths at the bureau of vital statistics increase from his practice. What shall be done, or rather, what can be done, in order to alleviate the fears of mothers and reduce the number of white ribbons which soon will indicate that many a home in our city has

been made desolate because the household pet has fallen a victim of cholera infantum?

In order to find a useful and successful way out of the difficulty, we must well settle in our mind what is the correct etiology and pathology of cholera infantum. A mistaken idea has been prevalent in the past among the profession, that cholera infantum was nothing but a synonym to what is generally called "summer complaint," including diarrhea, colitis, and dysentery. It is, however, a fact that cholera infantum has no relation to any of these so-called summer complaints, though the disease may be born of any of these when neglected, of long duration, or when improperly treated. Summer complaints are generally the result of exhalations or impure air; and once the same cause removed, or the patient removed from the locality where the cause exists, relief is always obtained.

Cholera infantum is due, we believe, to a poison, a ptomaine, whose formation takes place in the milk upon which the child is fed. Mother's milk very seldom produces this ptomaine. Thus it is that the large majority of children attacked by this disease are those who are fed on artificial food and especially on cow's milk.

The attack is always sudden, most generally coming at night. It begins with vomiting and purging of a sero albuminous fluid, having no offensive odor. The rosy cheeked, healthy-looking infant in the course of a few hours droops like a faded flower; the eyes, temples and fontanelles become sunken, the voice husky and faint, hyperpyrexia accompanied by an intense thirst soon follows. Relief must be found speedily or death will soon supervene. Again we ask: What shall we do to stop the inroads of this dreadful disease?

We believe that one, if not the principal, means of curtailing, and why not say hindering, the disease, is found in prophylactic treatment. A thorough sterilizing of the milk used for food, as well as of the bottles in which this milk is contained,

will prevent the formation of toxalbumen in the milk. As soon as procured from the dairyman, the milk should be sterilized at a temperature of 220° F. and then kept in a cool place until needed. If this is done with care, the danger of the formation of ptomaines or of poisonous alkaloids in the milk will have disappeared and cholera infantum will have become an almost unknown disease. But it is impossible to instill into the management of all households the practice of this sterilization and we come face to face with cholera infantum. Then what shall be done, to successfully combat the disease and snatch from death's grip the innocent sufferer?

Allow me to give a general outline of an antiseptic treatment which, for the past few years, has not failed me in bringing the most satisfactory results. The medical treatment consist of the administration of copper arsenite, gr. 1-1000 granules, dissolved in water; one granule to each teaspoonful of water; a teaspoonful of the solution given at a dose every hour, alternately with one granule, gr. 1-6, sulphocarbolate of zinc, also dissolved in a teaspoonful of water. The interval between the doses must be regulated according to the conditions of the case. For hyperpyrexia, aconitine crystals, gr. 1-500 granules; one granule dissolved in four teaspoonfuls of water; one teaspoonful of the solution every hour as needed. When the vomiting and purging has been controlled, follow with calcium sulphide, gr. 1-6 granules, every three hours. If there is restlessness and the child does not sleep, Waugh's Infant Anodyne comes in very good play.

As to the hygienic treatment I would say, do not begrudge the little sufferer a drink of good, cool, sterilized water; plenty of it has never done any harm in the many cases that have come to my hands. It beats whiskey every time.

For food I have used Carnrick's Soluble Food and Horlick's Malted Milk, but better results have been obtained by administering

quite often a few spoonfuls of a soup made of parched wheat flour, or, as many mother's have come to denominate it, brown flour soup. It is always relished by the little sufferers.

I do not wish to appear to be boasting, but I can truly say that since the adoption of the above treatment, I have not had the occasion of seeing any white ribbons floating in the morning breeze from the door posts of any cholera infantum patients.

Norwich, Conn.

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Dr. Cornet opens the ball with this short, pithy paper on the summer terror. He, like many another, has learned to use the antiseptics, and no longer dreads the "second summer." When will the people realize what this means?—ED.

TREATMENT FOR EFFECT: SOME CASES GIVEN. ABUSE OF ENDERMIC INJECTIONS. DEFENSE OF THE OLD DOCTORS.

By B. A. Allison, M. D.

RECENTLY I had opportunity to test a line of treatment much used in acute attacks of different diseases fifty years ago.

Case I. I was called to see a brick mason 48 years old, of scrofulous diathesis, who, the day previous, had a protracted chill followed by fever, head and back ache, pain in right side, cough and oppressed breathing. The visit was made at 10 o'clock a. m. at which time he was suffering much from all the symptoms above named, with a pulse of 120, and was expectorating rusty colored sputa with a predominance of blood. He had been visited by a physician late in the afternoon of the preceding day, of which fact I was ignorant until my visit. He had taken a fever mixture regularly during the night without any relief, and the case had been pronounced threatened pneumonia. He was apparently a very sick man; and as no arrangement had been made for any further attendance

by the doctor mentioned, I took the case.

Believing there was a fair prospect of aborting the attack if pretty active treatment was commenced at once, and fearing a troublesome case if not soon relieved, he was at once given 1 1-2 gr. calomel and 1-3 gr. tartar emetic, which dose was repeated hourly until four were taken. Half an hour after second dose he vomited freely, also vomited some after third dose and had two small alvine discharges. No nausea followed fourth dose, and all the symptoms were considerably relieved. An hour after fourth dose he was given a full dose of castor oil, and a twelve grain Dover's powder with eight drops fluid extract belladonna were left to be given after the oil had operated freely; also the oil was to be repeated if necessary.

On visiting him the following morning, all the symptoms of the preceding day were absent except a slight headache. The oil had operated six times, the Dover's powder had given him a good night's rest, he had no fever, his skin was gently moist, his pulse seventy and soft. In short, he was cured of the attack, whatever it was. All he took subsequently were small doses of quinine and nitro muriatic acid for several days. Previous to this attack he had not been entirely well for several months, but has felt much improved since.

Case II. Woman, aged 50; good constitution, no chronic ailments; was taken violently ill with what is frequently called "the grip" in this vicinity. She was given the calomel and tartar emetic treatment which made her very sick for a time, but operated so thoroughly, both as an emetic and cathartic, it was not thought advisable to give her anything further at the time except a teaspoonful of paregoric. On the following morning she was entirely relieved and remained so.

Case III. Female child, three years old, had been confined to its bed two days when visited. There was considerable fever, with a frequent small pulse; neck swollen in

front; face puffy; skin of a pale, tallowy color, with a well defined ring of lighter shade around its mouth; nostrils filled with mucus, and fauces covered with an ash-colored deposit. The chances seemed to be against her, for all the environments were unfavorable. But having had some reason for believing that calomel and tartar emetic, particularly the latter, are antagonistic to the poisons of diphtheria, erysipelas and scarlet fever, she was given small doses of these drugs hourly. She was not annoyed with any local applications to her fauces; and the parents were told not to be alarmed if the medicine vomited and purged her freely. When visited on the following morning she was much improved. She had both vomited and purged freely. There was no fever; skin better color, features natural; eyes brighter; swelling of neck about gone; pulse much improved, and no deposit on fauces. There was no return of any of the untoward symptoms, and in a few days she was reported as being entirely well.

Case IV. Two years ago last spring I was called to a neighbor's early one morning before breakfast to see Mrs. F., aged 45, who was suffering intensely with one of those acute attacks in which the organs affected make no complaint. She had an accumulation of acrid bile, acids, and undigested food in her stomach and duodenum; yet these organs put in no complaint whatever. Like Artemus Ward, they were willing that all their poor relations—arms, legs, head, back, joints, fingers and toes—should go into the war, while they remained at a safe distance and watched events. There being some cases of the popular so-called "grip" in the city at the time, the husband supposed it to be a very severe attack of that disease. I scarcely know what would have been my diagnosis if I had not recognized it at once as an old acquaintance, familiarly known to most of the profession away back in the forties as "Reflex phenomena from vitiated secretions in the first

passages." She was put to drinking lukewarm water with a little common baking soda in it, and urged to continue until her stomach revolted, and if the revolt was not sufficient to make the organ disgorge, she was to assist by putting a finger down her throat. After free vomiting had been obtained, she was to drink a cup full of clear water about as hot as she usually drank her coffee. The directions were carried out so well that by the time I returned from my breakfast, she had completely emptied her stomach, and was in condition for finishing the treatment by taking a dose of castor oil in a little strong hot coffee. She had not been feeling well for several days previously, but after some free discharges from the oil she was entirely relieved.

The husband was so well pleased with results obtained from such simple treatment, that he detailed the case to some of his customers on the following day, whereupon one of them said: "Why, my wife was taken sick the same way. I called in a doctor who at once gave her a hypodermic injection which relieved her, but she had fever for a week afterwards, and is not well yet."

Whether these two women were afflicted in the same manner is a question that does not concern us, for we have no way of determining the matter. But what might have been the final results if I had injected some powerful anodyne into my patient's arm, eased all her suffering, put her to sleep, and then coaxed her stomach and duodenum to retain their poisonous contents a few hours longer, is a question of great importance.

The main object in giving the case of Mrs. F. is to raise the question whether the excessive and hasty use of certain preparations gotten up of late years for the speedy relief of pain and other distressing symptoms in acute diseases, and the extensive use of the hypodermic syringe for applying these drugs, do not stand in the

way of and tend to postpone a far more rational and efficient treatment. So acute and distressing were the symptoms in her case, many physicians of the present day would have at once injected into her arm some potent anodyne, with scarcely an inquiry into the real difficulty. They even might have believed it to be their first duty to give immediate relief, and to make out the diagnosis and proper treatment later on. But it should never be forgotten for a moment that pain and all other annoying symptoms attending acute diseases are but supplications for help; the voice crying in the wilderness, so to speak. The first duty of the physician is to ask: "Whence these lamentations?" Silencing them at the very outset by endermic injections, and thus shutting off a greater part of the evidence, and sometimes all of it, must inevitably often handicap the physician in his subsequent treatment. There is however something so agreeable in being able on the spur of the moment to quiet the most agonizing pains by the use of certain drugs endermically given, it is not strange that the practice is often abused. But is it science? Is it doing justice to the patient?

The most acute pain I ever witnessed was in a very muscular subject in the vigor of manhood who was passing a renal calculus. I saw him about half an hour after it had entered the right ureter. The difficulty was suspected at once, but wishing to make the diagnosis sure I began to question him, whereupon he said: "Doctor, I can't talk to you; if you cannot give me relief, in the name of God knock me in the head with an axe;" and he meant every word of it. I simply told him I must locate the difficulty before doing anything.

Fortunately this was done in less than a minute after. Soon as it could be done he was bled from a large orifice to full syncope; on recovering sensibility he was entirely relieved and remained so. The diagnosis was confirmed by the passage of a calculus on the following morning. This

treatment was in accord with what Prof. Dudley of Transylvania University earnestly taught his class the winter previous—1840.

It is not likely that this treatment would find favor with any considerable number of the profession any where in the United States at the present time. Many of them would condemn it *in toto*; and, at the same time would not hesitate in treating similar cases, to inject endermically into their patients, in quick succession, two or three different drugs of great potency. Of course their patients might soon be more or less relieved, or relieved altogether for that matter, but the point here is this: The remedy that will most speedily accomplish the results sought, with the least possible disturbance to the vital forces, they allowing of a direct and complete readjustment of all the organic functions, is unquestionably the superior remedy. Measured by this standard, blood-letting in certain conditions has no equal. With the exception of a partial suspension of the vital forces for a few moments during syncope—if this state supervenes—all the physiological changes in the entire organism go on unabated. Can as much be said of the numerous preparations so freely used endermically?

Another object of this article is to defend the old doctors in their use of a combination of emetics and cathartics in the treatment of acute diseases, as practised by a large number of them fifty years ago and by a few of them yet. In some respects this is a more important question than blood-letting, for the numerous additions to our *Materia Medica* of agents capable of effecting to considerable extent what was formerly expected of blood-letting, have materially diminished the necessity of the latter; but a necessity for a combination of emetics and cathartics, or of something equally as effective, is of daily occurrence. Now, has there been such progress in the selection and combination of recently discovered

drugs, or in the manufacture of new remedial agents by synthetic processes, that the time has come to lay these old well-trying remedies of our fathers aside, as blood-letting has been so nearly relegated? Some light may be thrown on this question by a brief statement of what the old doctors of fifty years ago expected to effect by an emeto-cathartic. They did not give it because some one else before their time employed it; neither did they use it as a routine practice nor was it given indiscriminately. Their reasons for employing it were as defined and as clearly cut as any specific medication of the present day; and, unlike a good deal of the practice of to-day, there was little danger of its being overdone; for as it was almost invariably employed for a specific purpose; the attending physician felt it to be his duty to give its administration his personal attention; and as this would require from two to four hours of his precious time, it was a sufficient safeguard to its abuse. And, at the same time, it was a guarantee to his patient that his case had been correctly weighed, and that there were going to be some knock-out blows delivered.

Briefly this treatment had two important objects in view: 1st. To completely stamp out the disease in its incipient stage. 2nd. Failing in this, it was expected that the affection would be so crippled and subdued that the patient would be brought within the pale of safety.

The processes by which the treatment was expected to accomplish these desiderata may be summed up as follows: By a thorough cleansing out of the whole alimentary tract; by a complete equalization of the arterial and venous circulation, by a removal of all actual or threatened local congestions, and by a restoration of all the important secretions, all of which was fully illustrated in the case of the brick-mason herein stated. I felt sure that if his right lung had not passed the congestive state I had nothing to fear; and even if it

had, that I was giving him excellent treatment.

The antimony, given with the first dose of calomel, produced considerable effect by the time the second dose was taken; and about thirty minutes afterwards the drugs had produced their maximum of relaxation throughout the entire organism. The thorough vomiting, following directly upon the heels of this relaxation, gave an impetus to the arterial and venous circulation in all the vital organs to an extent not to be effected perhaps by any other known treatment. This accelerated action in all the great blood-vessels of the thorax and abdomen, was the direct result of the powerful and alternate contractions and relaxations of the diaphragm and all the abdominal muscles; and to a lesser extent, to nearly all the muscles in the body. Reduced to dynamic terms, we might say with but little exaggeration that the circulatory system of the entire organism had been set upon by the force pump, the section pump, the centripetal pump, the lifting pump, and the chain pump, to which had been added massage, kneading and pounding; all of which forces, acting in conjunction with the previously relaxed state of the entire circulatory system, as before stated, produced the results looked for; and all this relief was obtained without damaging, to the least extent, any portion of the organism.

No one can fully appreciate the curative effects of thorough emesis by tartar emetic unless he has experienced it in his own case or witnessed it in others; hence it would be a fortunate event to any young physician if, while in the embryonic state of his professional life, he should happily be snatched from the jaws of some acute disease by such personal experience. While the favorite combination with the old doctors was calomel with tartarized antimony, the latter was often given alone as an emetic, or with sulphate of magnesia or some other purgative as an emeto-cathartic. It was

not expected of this treatment to give entire relief in all cases, for it was sometimes necessary to employ 'free blood-letting in connection with it; of which fact I had positive proof in the fall of 1850 while treating an endemic inflammatory fever of unusual severity. Some of my patients were so completely overcome with pneumonia and pleuro-pneumonia, with almost complete suppression of urine from kidney complications, that I do not believe any other treatment would have been so efficient. With free bleeding, and free emesis and purgation from calomel and tartarized antimony, and preferably, in some instances, with sulphate of magnesia and antimony, every case recovered promptly, and there was not a single relapse in any of them. Up to that time I had never met with so high a grade of fever and have not seen so high a grade since, except in a few cases of scarlet fever, for which unfortunately as I afterwards thought, I failed to give similar treatment.

I will also mention that the old doctors frequently gave an emetic, or an emetocathartic, as an initial step in the treatment of many of their chronic cases; or at any period in the treatment of either an acute or chronic case where it was thought advisable to produce some decided impression on the entire organism.

It was also a favorite treatment with some of them in obstinate cases of dyspepsia; for they well knew that by such means they not only cleared the stomach of all offending matter—as is now sought to be done by flushing with warm water, etc., etc.—but in addition they revived the secreting powers of all the organs connected either directly or indirectly with the processes of digestion. Only a few evenings since I met an intelligent old lady friend I had not seen for several years. During our conversation the subject of the "grip" came up, and I was asked why its after-effects were often so troublesome. I frankly told her I thought the doctors were partly to

blame for it; that too much of the present treatment was directed to relieving certain annoying symptoms attending the complaints, and thus it came about that the disease itself was not entirely removed. Then I went on to speak of the treatment the old doctors gave the disease fifty and sixty years ago, and, among other remedies, spoke of emetics being a favorite remedy with many of them. To which she replied: "That reminds me of an incident in my own life," and proceeded to give an account of her great suffering from an obstinate attack of dyspepsia, which, after much treatment without relief, was completely cured by thorough emesis with antimonial wine. Only the day before she had been urged to give up her school on account of her health.

In some of the yellow fever visitations to the South from 1830 to 1840, especially in the city of Charleston, South Carolina, it was found that in its worst forms—the congestive and malignant—no other remedy gave such good results as tartar emetic. It did not act as a depressant; the victims of the disease were already depressed to the verge of the grave. They were the "under dogs" in the fight, and this medicine, like a good Samaritan, went for the upper dogs.

With respect to my Case IV, allow me to say that if she had suffered with fullness, pain, weight or cramps in the epigastrium, eructations of bile, acids or gas, sick stomach, vomiting or pyrosis, or with one of those peculiar hang-on headaches that often point to gastric trouble, the diagnosis and treatment would have been plain; but she had nothing of the kind. In addition to a terrible, general all-over-feeling that no one can accurately describe, she had acute shifting pains and aches, which first and last, invaded about every part of her body except the organs at fault. It might be asked why I did not give her the emetocathartic. It would not have been bad treatment, but it would have been unnecessarily severe. She had no fever, no local

congestions, no arrest of the secretions, no essential disturbance of the circulation. As before stated, her stomach and duodenum contained more or less acid, acrid bile and undigested food. This vitiated material was acting locally on the internal surfaces of the first passages, much as a mustard poultice acts on the skin. The great sympathetic nerve had become involved and had sent out an "alarm of fire!" and the different parts of the organism were rushing around to locate it.

Cases of this kind derive their chief importance from the fact that they may be mistaken for other ailments, and also because they are frequently associated with other affections. Forty and fifty years ago in the highly malarious country in which I then practised, it was very common to meet with this array of reflex symptoms as an accompaniment of remittent and intermittent fevers. I have met with the same in epidemics of influenza, in rheumatism and other affections; but I believe the most interesting cases I ever met with were associated with labor and usually in the first stage. Briefly, the history of such a case may be stated as follows: The woman expecting to be confined experiences enough of the prodromata of true labor to justify a call for a doctor. The usual grinding pains occur at regular intervals. In course of time the pains increase and the intervals become shorter, and there is more or less discharge from the vulva. In short, if she has had a previous labor or two, she is now confident that it is no false alarm, and she begins to feel anxious about the doctor's arrival. But before he arrives, or at some uncertain time after, instead of having the usual pains in the back and pubic region, she has violent pain in her head, and perhaps in other parts; and in their exacerbations and remissions, these pains are as regular as were the true labor pains preceding them. And at whatever stage of the labor these reflex disturbances make their appearance, and whatever may be the

advancement of the labor at the time, the doctor will find by the touch that during their continuance the contractions of the uterus itself are greatly handicapped, and sometimes entirely suspended; and he should understand that the labor cannot progress favorably until the causes which give rise to those reflex movements are removed.

There are good reasons for believing that such cases are far less frequent than they were forty and fifty years ago, but no doubt they still occur sufficiently often to attract the particular attention of the accoucheur of the present day.

So far as the proper treatment of such cases is concerned, the attending physician is to bear in mind that nature often corrects the difficulty by simple emesis, or by a benign diarrhea, or by both; and when she is slow in offering her services in these directions, some simple reminders, such as were used in the case of Mrs. F., will often make her respond. It should also be remembered that in some women an ounce or two of acrid foreign material in the first passages, will produce as violent reflex action as a pint or a quart of the same material will in some other woman; hence the teaspoonful of calcined magnesia and the same amount of aromatic spirits of ammonia that give relief in the one case, will not be sufficient for the other.

As it was not the intention to enter into the treatment of the complications mentioned, I close with the statement that on different occasions I met with cases of the kind in which for speedy present relief, but more particularly for a good "getting up," I found no drug so efficient as tartar emetic.

Decatur, Ill. —:o:—

Two points in this article are especially valuable. They may be old; but daily experience shows that they have not been sufficiently improved. (1) It is absurd to mask symptoms by giving narcotics. (2) Be not too fast to exchange the old for the new.—ED.

WOUNDS AND THEIR TREATMENT.

By I. C. Young, M. D., Surgeon-in-Chief Mercy Hospital.

PRIMARY CONSIDERATIONS.

I TRUST the readers of the CLINIC will be kind enough not to consider that I have taken too simple a text in writing upon the subject of wounds. I believe we too often begin the study of the more complex subjects of surgery without first thoroughly mastering that more frequent and I might say most important surgical condition, viz., wounds.



I. C. YOUNG.

Those of us who practice surgery treat hundreds of wounds where we do one ovariectomy, hysterectomy or nephrectomy. The general practitioner who does not attempt any master operation must treat wounds, and our success as surgeons depends absolutely upon our ability to treat them. After the most difficult operations are performed we have simply a wound of greater or less extent to treat, and our success depends equally as much, if not more, upon our ability to treat the wound, as it does upon our skill in operating; hence if we would be successful it is imperative that we should master every detail of wound treatment. In no line of work is attention to detail—commonly called the little things, though with wounds they are no means little—so important as in the treatment of wounds.

When we are called to treat a wound, if it is one of much magnitude, the symptoms which usually demand our first attention, perhaps excepting hemorrhage, are those of shock, which vary in proportion to the extent of the injury, the organ or organs involved, the age of the patient, whether an alcoholic or not (alcoholics are predisposed to shock), and the temperament. My experience has been that those of most marked

nervous temperament are most predisposed to shock, everything else being equal, and have the strongest symptoms of shock when it does occur to them.

SHOCK.

There is perhaps no condition in the entire field of medicine and surgery which requires the careful study and prompt properly selected treatment that shock does. We have no time to go back to our offices to read it up, to send for a colleague and wait for his arrival to help us out; the case must have immediate active treatment. But if we did have ample time to consult authorities and get assistance, we are in honor bound to be prepared to treat shock at a moment's notice, as it is of such frequent occurrence. One may be excusable for not being able to diagnose and treat rare diseases, but no excuse is acceptable in a case of shock.

The general practitioner, the obstetrician and the surgeon, are all in daily contact with it, and how many of us treat it without considering the pathology of it. Shock, collapse and syncope, have one pathological condition underlying them, that is, more or less loss of vascular tone leading to accumulation of the blood in the vessels, chiefly the great abdominal veins. The patient in this condition practically "bleeds into his own veins." Under these circumstances the heart receives but little blood from the veins, the less the more upright the position is; further influences which bring about the above loss of tone often depress the heart-action directly or indirectly, and perhaps stop it in diastole.

The result of all this is failure of blood-supply to the brain, most marked in syncope. The most frequent causes of shock are severe and extensive injuries, especially from blows on the abdomen, stimulating the centripetal fibers of the splanchnics, direct or indirect violence to the brain and spinal cord, and their membranes, as in concussion or compression, injuries to the testes, excessive stimulation of the

sensory nerves such as occurs from major operations, mental impressions, *e. g.*, fear of operation, which has been known to be the cause of fatal syncope. Shock is also produced by suddenly removing the pressure external to the vessels, as in the removal of abdominal tumors, the sudden emptying of an over-distended bladder, or the discharge of a fetus from a pregnant uterus, etc.; also from the action of certain drugs, especially chloroform.

The symptoms of shock vary from momentary pallor, giddiness, and tendency to fall, up to death from arrest of the heart. In well-marked shock the patient lies with his eyes closed, breathing lightly, with an occasional deep sigh; questions are answered slowly but rationally, if at all, power of thought being impaired in proportion to the amount of shock; the muscular system is relaxed, the surface is cold and clammy, the extremities bluish; often the patient shivers and complains of being cold; there is occasionally nausea and perhaps vomiting; the pulse is quick and feeble, irregular or intermittent, perhaps imperceptible at the wrist, the heart-sounds weak and distant. The temperature per rectum is frequently 96° to 97° F., and may sink 3° or 4° in cases that recover.

Shock may not appear immediately after an injury and it always deepens for some time, perhaps passing into insensibility and death. Shock may last many hours without sign of reaction; while it is severe no operation should be done beyond such as may be absolutely necessary to control hemorrhage and prevent sepsis of the wound. Chloroform is not admissible in such cases. Ether is preferable as it will strengthen the heart.

Joplin, Mo.

(Concluded next month.)

This journal one year (twelve numbers) and a nice 9-vial pocket-case filled with alkaloidal granules or tablets for \$1.00. If at the end of the year you are not satisfied that the journal has been worth many dollars to you, send back your file and we will refund your money.

PRACTICAL HINTS FROM DAILY EXPERIENCE.*

By Dr. W. C. Abbott.

(PART V)

BLOOD IN THE URINE.

THIS condition is often very troublesome. Its source is sometimes difficult to diagnose and its cause more often difficult



W. C. ABBOTT.

to treat. If the cause is excessive congestion, whether it be located in the bladder or the kidneys, good results are usually obtained by the use of large doses of atropine, sufficient being used to produce its characteristic physiological effect, continuing for some time in such dosage as may be necessary to maintain the same. The hypodermic method of administration is preferable, at least for the initial dose. The usual route by the mouth is all right for continuing the effect and, if necessary will answer for all. As an astringent and alterative we know of nothing better than oil of erigeron, for an adult five drops four to six times a day. This is particularly applicable to hemorrhage from the kidney or the bladder; that from the urethral tract is usually amenable to local treatment.

INTERNAL HEMORRHAGES.

The general principle involved in the above is applicable to all classes of hemorrhage from mucous membranes wherever located; the rationale of the procedure being that atropine dilates the capillaries of the skin and draws the blood away from the overstrained and bleeding areas. In hemoptysis, uterine hemorrhages, and most cases of nasal hemorrhage it works like a charm. The day of local caustic hemostatics is done, having given place to the more rational procedures of modern surgery

*These notes will be continued during the year as a "filler" to this department. I hope they will serve their purpose and at the same time be interesting and instructive.

and the application of the principles of up-to-date therapeutics.

THE NUCLEIN QUESTION.

Much misapprehension exists, in spite of our utmost endeavors, as to what nuclein may be expected to do and to what class of cases it may properly be applied. Nuclein is chief of the defensive proteids of the body and may be properly added artificially when from any cause the normal supply is wanting or when a greater than normal amount is needed to meet an exigency. This is a broad and rich field in which nuclein stands supreme above all other remedial agents, but in which its best work can only be done when it is supported by proper treatment acting through the central and sympathetic nervous systems. Study "the nuclein question;" and again I say study it!

NUCLEIN IN ACUTE COLDS.

Apropos of the above, let us for a moment consider the conditions in an acute cold. A spasmodic chill, a nervous shock or some agency, causes contraction of the capillaries, disturbs elimination and throws back into the general circulation certain materials that should be disposed of. The irritation thus engendered is called "a cold." To overcome the cause we give hot baths and diaphoretics, the best of which is aconitine; and now to dispose of this retained *materies morbi*, what is more rational than that we should temporarily augment the defensive proteids of the body by giving nuclein? That is the right thing to do. When the next occasion arises give one granule of aconitine amorphous, gr. 1-134, and four of Nuclein (Aulde), m. 1-12, every one to two hours (with a teaspoonful or two of Saline Laxative the following morning) and see how quickly, completely and pleasantly all disagreeable symptoms will be removed.

THE SULPHOCARBOLATES.

I am glad to know that CLINIC readers are becoming large users of these inval-

able antiseptic salts. As the knowledge of them becomes more widely spread they will take first place in the treatment of most intestinal diseases. The best results are obtained only when the salts are pure and non-irritating.

Dr. Waugh and I have both repeatedly called attention to this fact. Much of the sulphocarbolate on the market is unfit for internal use. One of the largest manufacturers of salts of this class, one who makes tons of the sulphocarbolate every year, told me but a few months ago that he did not know that it was used internally. The firm has since greatly improved their product. This point should be kept in mind, and if expected results are not obtained by the use of the sulphocarbolate, the method of use should be carefully reviewed and the source of supply investigated. There is no one class of remedies applicable to such a variety of intestinal disturbances as that under consideration.

YELLOW FEVER.

In view of the existing "unpleasantness," yellow fever is liable to be of especial interest to us during the summer months. As announced elsewhere, our good friend, Dr. Coleman, has come to the front with the results of his study on this subject—a subject to which he has given special attention during over forty years of professional life and which he has had exceptional opportunities to investigate and so knows whereof he speaks. It is a wonderful little book, wonderful in its simplicity and especially so in the clearness with which it points out the way to get rid of and stay rid of this fell destroyer. "Coleman's History and Treatment of Yellow Fever" should be in the hands of every physician, pharmacist and nurse, and might well be given a place in every home of this broad land. Paper, 50c; cloth, \$1.00. Address The Clinic Publishing Co., Chicago, Ill.



MISCELLANEOUS DEPARTMENT

The pages of this department are for you. Use them. Ask questions, answer questions and aid us in every way you can to fill it with helpfulness. Let all feel "at home." Make your reports brief, but do not sacrifice clearness to brevity. Say all that it is necessary to say to make your meaning plain and convey your ideas to others. We especially urge you to use the space set aside for "Condensed Queries" freely, and avoid burdening your Editors with private correspondence.

RATIONAL MANAGEMENT OF SUMMER COMPLAINTS.

Editor Alkaloidal Clinic:

—Decaying vegetable and animal matters during the heated season give rise to micro-organisms that play an important role in inducing intestinal disease. Our best efforts against filth, depraved air, and impure water are often unavailing. If the doctor could only change by his presence all the unsanitary conditions instead of giving directions in regard to them, the problem of treatment would be less perplexing.

The treatment should consist of clearing out the alimentary canal, diet, antisepsis. Vomiting and diarrhea are nature's efforts to relieve the patient, for without the removal of offending causes, diseased conditions will intensify themselves in spite of all medication. Hence the evacuant treatment is primarily of greatest importance. As soon as we have secured a free catharsis we should supplement the treatment by antiseptic enemata. A large amount of water should be used, so that the entire lower bowel can be thoroughly washed.

Antiseptics neutralize and destroy the media of micro-organisms which come as the result of putrefactive and fermentative changes. We cannot employ antiseptics sufficiently strong to destroy existing bacteria; but the use of these agents deprives the microbes of their culture media, and by cleansing the gastro-intestinal tract we have increased tone and vigor whereby the tissues take on repair.

Great care and special directions must be given to dietetics. We must be guided by the individual characteristics present in each case. That which is good for one baby may be injurious to another. It may be necessary at times to withdraw all food for the first twenty-four hours, giving instead of it pure water to which has been added the beaten white of an egg and a pinch of salt, gradually returning to a full diet. It is worse than useless to give food that cannot be digested. Thirst should be relieved by pure water instead of the breast, or nursing bottle. Should the child be hand-fed, great stress should be laid upon the sterilization of the milk, nursing bottle and nipples. If milk be taken from the cow and while still retaining the animal heat it is immediately placed in bottles, one bottle for each feeding during the day, or night, and securely sealed and kept as cool as possible, it will keep sweet for twenty-four hours. Shake the bottle, when used, to break up the oil globules; warm, dilute and sweeten, peptonizing to insure digestion of casein, attach a plain rubber nipple without any tube, and give to baby. All foods should be in liquid form, and when not retained by the stomach should be given by enema. In giving dietetic directions endeavor to impress the fact that it requires less labor to keep a child well than to care for a sick one.

Our chief reliance in prevention and treatment should be placed in dietetics and the maintenance of an antiseptic condi-

tion of the digestive tract, for without attention to these all treatment will fall short.

The wearing of flannel next the skin, bathing, judicious exercise, ventilation of apartments, the use of as nutritious diet as can be assimilated, assisted by digestives, the avoidance of all injurious habits and excesses of both mother and child, are all of the utmost importance.

There are therapeutics galore for the prevention and cure of these disorders; but an experience of thirty-five years convinces me that greater reliance must be placed on the rational management as herein suggested than upon the very best therapeutic measures.

DR. S. J. LATIMER.

Conway, Mo.

THE INDIAN SIKIPTAWAT.

Editor Alkaloidal Clinic:—The passing of the last ten years has marked the dying of almost all the ancient tribal customs



C. S. MOODY.
"Sikiptawat."

among our Northwest Indians. There is now very little left to distinguish the red man from his pale-face brother but color, dirt and that inherent quality of socialism that impels the "Siwash" to share his last ration with a less fortunate fellow mortal and then both starve together, if need be, without complaining. The Indian I know bears very little resemblance to the "noble red man" of Cooper, Sims and other easy-chair students of American ethnology.

In out of the way corners of the United States one may yet come upon some of the ancient tribal landmarks, that serve as a sort of line fence to keep the savage out of the social pasture of his more cultured but less happy white neighbor.

It was not difficult for the Indian to surrender his religion. The future had always been a great mystery that his own crude form of worship failed to satisfy; so when

the white missionary came with his superior intellect and bearing with him the promise of a shining home in the Great Beyond where hunger and cold should be no more, the poor savage readily laid aside his belief for that which seemed to afford promise of more material comforts hereafter.

The missionary ministered to the wants of the soul and found an easy conquest; the fellow that came along a few years after to minister to the body diseased did not find his path knee-deep in roses. Here was something the untutored mind could grasp but could not analyze. He was in pain. But whence the pain? His mind naturally reverted to its original course of reasoning and attributed his feeling of pain to some untoward influence working through the elements. This was only natural, for he knew nothing of the workings of the human economy and hence could not look for causes within himself.

Long after the humanizing influences of the Christian religion had been at work for the education of the Indian, he still clung to his time-honored belief that the evil spirit was responsible for his ills and that death was only the influence of that spirit paramount. If the evil spirit caused the disease, it followed that the good spirit placed in the hands of some men the power to overcome the evil spirit. These were the medicine men or "sikiptawata." Usually they were chosen by a sign, or often by reason of some personal peculiarity. His position was one of great dignity, his lodge standing next to that of the head man of the tribe. Of recent years his position has been a sinecure, most all the Indians preferring the white "sikiptawata." But in extreme cases where all science stands aghast before the fell Destroyer, the "medicine man" is called in and usually terminates the scene.

One such case has come under my observation, and trusting it may be of interest to CLINIC readers I detail it:

The summer of 1896 was one made up of conditions productive of intestinal disorder.

ders of children, and when an Indian child is attacked with any severe derangement of the intestinal tract the case is well-nigh hopeless. Indian hygiene is always poor, and Indian culinary attempts are calculated to give a healthy dog dyspepsia in just three months. So when a messenger informed me one morning that a child down the river had been sick with "hoke hoke" (cholera infantum) for a week, I knew before seeing it that there was very little to hope for. On reaching the bedside things were as I feared, the little patient being in a condition of coma. All my efforts to rouse it being of no avail, I informed the father (an intelligent buck) of the condition of his child and that I could do nothing more. Superstition and modern training wrestled for awhile and superstition gained the mastery. The savage asserted itself, and the "sikiptawat" was summoned. Before that dignitary arrived the house was full of howling, stinking, copper-colored humanity. His appearance was the signal for redoubled wailing (the stink was as bad as possible), and swaying the body as if in great pain. The "sikiptawat" carried a short stick tied round with bright-colored feathers and hung with bangles of clamshells. This he rattled over the sick-bed, meanwhile giving utterance to most demoniac groans. Calling for a basin of water he bared the abdomen of the patient and with his mouth drew upon it. When he had collected sufficient saliva he spat into the basin. Repeating this operation several times, he hastily threw the basin and its contents into the fire; as the steam from the water arose he threw up his arms and uttered a sound like the night-call of a loon. Meanwhile the little life was fast drifting from Time's shore, and fifteen minutes after he had concluded his incantations it had landed in the great Eternity. He informed me very severely that had he reached the child before anyone else (meaning myself) had meddled with the evil spirit he could have caused the spirit

to depart, recalling to my mind Dr. King's story of the country doctor who could have saved the fever patient if he could have obtained a "reel black cat."

The "medicine men" sometimes use material remedies, but never I believe with a view to their exercising a therapeutic effect. At least such of their remedies as I have analyzed are entirely destitute of any medicinal virtue.

The "sikiptawat" can read his doom in the rays of each day's sun as it sinks, and soon the man with the sheepskin and pill-cases will have entirely superseded him and he will be only a memory, just as death by torture now is among our Northwest tribes.

C. S. MOODY, "Sikiptawat."

Gilbert, Idaho.

SEMINAL EMISSIONS.

Editor Alkaloidal Clinic:—I read with interest the case reported by A. B. C. in May CLINIC. A history of one involuntary seminal emission nearly every day for a steady matter is a good deal out of the ordinary. It is a bit of pathology that, eliminating the cases wherein spinal disease lies at the bottom, is so rare as to be unique. Of course the doctor has made frequent examinations with his microscope and there is no question about the genuineness of the case. It frequently happens that a discharge, whose general appearance simulates semen, is taken for that when in reality it is not semen at all. In this case I would regard castration as wholly unjustifiable, if not positively criminal. The castration would surely settle the matter of seminal emissions. You would be about as likely to have seminal emissions without testicles as you would to have a set of whiskers on the palm of the hand.

The fact that this patient is not only alive but active and fairly vigorous, is pret-

ty conclusive proof that his loss, if of semen, is slight, with much suspicion that at times it is not semen at all. I do not believe that any man could withstand the nervous shock of involuntary seminal emissions for many years and preserve a vigorous constitution. The editor's illustration of the man who indulged in sexual intercourse daily for many years, with extra duty on the side also, is not a parallel case, since a physiological act pushed to the limit need not of necessity compare in strength reduction with a pathological act destructively at work. It is not an unusual occurrence to have knowledge of men whose copulative powers crowd the demure jackass into the background. The ability to copulate six or eight times in a single night, with emissions, is a measure of some men's powers. But in all these reports it must be borne in mind that in no accomplishment do men as a rule desire to shine as heroes so strongly as in matters relating to the sexual organs.

An old man who had lately taken wife number four to his bosom was being twitted by some companions, on the disappointment the bride must have felt at the decrepitude that was likely to have shown up strongly. The old man averred that four was the latest record made.

In this particular case, after repeated examinations of the emitted material I would secure a regular action of the bowels, use cold local applications, use the cold steel sound frequently, insist on the patient's sleeping off the back, and finally by way of medication I would give him full doses of nux and the fluid extract of black willow buds. Under this course he can hardly fail to show prompt improvement.

The pathology of this class of cases could well form the subject of an extended paper. Few subjects relating to the science of medicine are more hazy to the average practitioner.

J. A. DE ARMAND, M. D.
Davenport, Iowa.

FOOD IN HEALTH AND IN DISEASE.

Editor Alkaloidal Clinic :—The food question has especially interested me, because I was a chronic invalid for years before my majority. The idea of regaining health by hygienic means then possessed me. By abstinence from pork and avoidance of an excess of starches, substituting milk, fruit, meal and unbolted flour, with other hygienic measures, I became well and strong. Since then hygiene has been my study and I rely more on the correction of habits to cure chronic affections than on direct medication.

For forty years I have never been so ill that I could not leave the house, and now, at the age of sixty-one, I am never too weary or ill to respond to every call.

A large proportion of the physical ills that beset the American people could be run clear off by the proper ingestion of their food. I mean here real food, or genuine food, in contradistinction to spurious, or that which has neither blood or tissue building qualities. Spindle-legged children, fed on sweetmeats and other delicacies (whose parents wonder why, when "they eat so well," they are still puny and peevish), are being subjected to slow but certain starvation. As to feeding the sick in acute diseases, I believe it fully as important as the administration of medicine. In febrile cases from whatever cause, the stomach is more or less unfitted for digestive service; therefore only the most bland and at the same time nourishing food in small quantities should be allowed. In some cases entire abstinence from food for the first forty-eight hours is very beneficial. If given at all in cases of high temperature it should be only in fluid form and partially predigested. In inflamed or ulcerative conditions of the stomach, when it becomes necessary to sustain strength with food, nutritive enemata should be administered in lieu of increasing the stomach irritation. Much

has been said questioning the use of milk in fevers, but the disadvantages are in large measure due to faulty feeding. I never allow a patient with high fever or sensitive stomach to take more than one or two teaspoonfuls of milk at one time, repeated sufficiently often to keep up the strength. Such milk should be from a healthy cow. In cities where milk is of questionable purity, I recommend some form of invalid food, prepared remote from large cities from pure cow's milk and malt, and in a measure predigested so that the casein will not form solid curds in the stomach.

In cases where cow's milk can be safely used and fever is high, it is often necessary to dilute with boiled water, one-half or one-third, and if slightly salted it will aid digestion, by preventing solid curds forming in the stomach. Occasionally, where milk nourishment seems to be indicated a patient rebels against taking it, saying, "I never could bear milk." In such cases I have found beef-broth made by an intelligent nurse in a painstaking manner, with oily particles removed, to be generally acceptable, and a good substitute for milk. It should be given in small, oft-repeated quantities, salted to suit the taste, and sipped as warm as the patient can bear.

Gruels made from meals or unbolted wheat flour are not objectionable. I prefer the latter combined with milk or alternated with milk or the broth.

Before closing this somewhat abridged synopsis, I will say that for many years past I have become more and more convinced that the American people induce a large proportion of their physical ills by faulty ingestion of food. The rule is to take food too hurriedly, or when fatigued, involving poor mastication and consequently faulty nutrition. This manner of taking aliment, with highly seasoned, starchy food and stimulating drinks, amounts to very little more than nothing to supply natural waste or build up blood

and tissue. That which common parlance calls high-living is almost certain to be nothing less than a surely destructive process instead of constructive, as it tends only to disable every organ of the body by over-taxation.

Last but not by any means least, I will mention a dietetic evil long and unwittingly endured by the American people to the vast detriment of health and longevity. I refer to the use as food of swine's flesh, or anything pertaining to hog products. I might write an extended article on this subject, giving valid reasons why no animal that is a gormandizer, created for scavenger purposes, is by any possibility proper food for man. At a future time, if the editors of the CLINIC will bear with me, I will endeavor to write an article for its columns entitled, "The Hygiene of the Bible," which will cover quite fully my views of the proper and improper use of an animal which a wise Creator placed in the world for wise purposes.

W. C. DERBY, M. D.

White Cloud, Mich.

BULLET OR SHOT?

Editor Alkaloidal Clinic:—The Anodyne for Infants is my stand-by in children's coughs.

I am pleased with the rifle-bullet idea; but I cannot see it in a prescription such as I see quite often in the CLINIC, where there are from four to eight different ingredients in one prescription. Instead of a rifle-bullet it seems to me more like a load of bird-shot instead of buck-shot. I much prefer the bird-shot if they will do the work; and I think the more we use the small dose of an active principle, the more we find that we have been giving too large doses.

As an example, where calomel used to be given, ten grains at a dose, now 1-10 grain, repeated every half-hour, gives as good result with from 1-3 to one grain. Nothing I have ever used is better than

1-10 grain calomel tablets for children. They eat them as candy. When a child has a high fever the calomel acts much more slowly, and I find it advisable to use an enema in four to six hours after commencing the use of the tablets.

I suppose most of the readers of the CLINIC use or have used watery solutions for nasal catarrh. All who have used them in the ordinary double-bulb continuous spray atomizer, know the disagreeable feature connected with them wherein the flow will not stop instantly. I have devised an improvement to such atomizers by which the flow is easily under the control of the operator. I may tell more about it in some future number if it is desired.

A. W. VANIMAN, M. D.

Moundridge, Kas.

STOMACH PARASITE.

Editor Alkaloidal Clinic:—A child nineteen months old, always fed on cows' milk, I found with fever of 104°; abdomen bloated; bowels constipated; anorexia; vomiting milk and mucus. An enema failed to move the bowels. Calomel and soda were given with Defervescent granules, No. 2, for the fever; the abdomen being rubbed with turpentine and petrolatum, followed by warm applications.

The child vomited hundreds of small worms, 1-8 to 1-4 inch in length, with black heads, the upper half red, the balance white; tail round and clubbed; very active, not wiggling but walking straight. Their expulsion relieved the child somewhat. Castor oil and copious enemas emptied the bowels, but no worms were found in the stools; nor did any follow the administration of santalin and calomel. The child's mouth became red and sore. When the skin was red and itchy the patient felt better; when the rash faded the child would be ill and vomit.

F. E. KELLY, M. D.

La Moille, Ill.

DIET.

Editor Alkaloidal Clinic:—We are not epicures but we confess that we are interested in the "food question," *t. i. d.* Of course it may seem that the subject has been exhaustively considered, but the last word has not been said by any means. The "chemical dinner," made out of the commonest articles we see every day around us, will be a matter of course and a matter of necessity in the 20th century. To chop down a hickory sapling for breakfast will be no more strange than talking from New York to Chicago by telephone would have been twenty-five years ago.

Considering foods in a medical way, the cook is no mean personage. It is true that a "before-taking" and an "after-taking" consideration of this subject modifies perceptibly the ardor of our convictions on some points. However, there is no day when we would refuse to regale our senses by a practical demonstration of the "eternal fitness" of a good square meal in an empty stomach. Besides, theories as to foods are too intangible for us—too evanescent. It is the real "ham and eggs" that evokes our deepest gratitude.

Long ago after a tedious, tortuous course through the ethics and theories of alimentation, we came to see some very plain conclusions on the whole matter. If one kind of food did not suit us, we went after something else. Having had an experience in drinking unboiled milk for twenty-five years with impunity, we put in mighty little time worrying about the microbes in it. Nor do we let our patients starve just because they have an idiosyncrasy against "our kind" of milk. We just order a substitute, knowing that nature is not adequate under all circumstances.

We'll say, in passing, that our happening to live in this particular epoch (while confessedly a misfortune to those who support us) has been of some advantage to us. During other periods we might

have had to have our appetites several sizes smaller. But it is good enough for us as it is. We continue to lean toward the "laugh-and-grow-fat" optimism of our day.

Somehow as we have so much work to do in the way of evacuating the belated and hideous contents of modern recta, it occurs to us that after all there is a good deal of mechanics about food-ingestion. We compare the alimentary canal to a threshing machine. It's all right to crowd the feeding, if the machine does not clog. If what we eat is digested and assimilated and the debris is removed, there is room for more. This, we believe, is sound doctrine. If we continually, after the American fashion, "stuff" ourselves, we must continually unload ourselves. On this line the treatment of diarrhea would be to not eat, since nothing can come out if nothing is put in. We believe in liberal feeding, but also in liberal peristalsis.

And now that we are considering foods, let us observe that it does not make so much difference about the kind of food for the sick, as it does whether they digest and assimilate what they do take. Very often we know that they should not have any food. The most unsophisticated cannot fail to see that indigestion and of course constipation are the prevailing maladies of civilization (a joke on the civilization?). The books of the G. F. Harvey Co., Saratoga Springs, N. Y., will show that we buy ten gallons a year of their tonic "Elixir Laxative." This goes to show that we practise what we preach.

The fault we find with the food of today, then, is that it causes indigestion and constipation, and if it is indigestible in a healthy stomach, how can a sick stomach dispose of it? We believe that what we know about foods at present is only a "drop in the bucket" compared with what we shall know. But we frankly record it as our opinion that a radical change in our foods will be a potent factor in stopping the physical, mental and moral deterioration of the civilized races. We of course

do not deny that much mischief is done by rapid and insufficient mastication; but would contend that, with this eliminated, there would still be a deplorable amount of sickness due to improper food.

S. HERBERT BRITTON, M. D.

Adelaide, O.

THE TREATMENT OF THE SICK.

Editor Alkaloidal Clinic:—I am recently in receipt of Waugh's "Treatment of the Sick;" and while you are daily receiving letters of commendation from those high in the councils of our profession, words of praise from an obscure country practitioner may seem superfluous. I cannot, however, refrain from testifying to a deep sense of gratitude to Dr. Waugh, for giving us such a weapon with which to beat back the sword of the sable angel. When harassed by doubts and fears the tired doctor may here find, told in the author's inimitable style, that which will bring back some boat just on the brink of the great beyond. Armed thus, "He hath his sword, shield and buckler." May the genial doctor live long to disseminate the knowledge, not in ponderous tomes of scientific lumber, but as he has here done, in terse, epigrammatic truths that the busy practitioner may grasp and carry with him to the bedside.

Much praise is due the publishers for the handsome manner in which they have presented the first edition.

C. S. MOODY, M. D.

Orofino, Idaho.

—:O:—

It is with pleasure that I give space to this just tribute to Dr. Waugh's effort. I am glad of this opportunity to do so while the good doctor's back is turned, for he has a quiet, emphatic way of knocking out all such things that are personally commendatory. The opinion of Dr. Moody is the opinion of the many who have already secured a copy of this work; and if the pressure keeps up, the edition will soon be exhausted.—ED. A.

NOTES ON APRIL CLINIC.

Editor Alkaloidal Clinic:—"Alkaloidal Medication" finds Dr. Fleming, page 231, undecided as to its superior value. "There



E. M. EPSTEIN.

is no rule without an exception;" and this one would not be true if it were not itself the exception. Not so thinks Dr. Steger, page 240, who finds it to be in the "realms of usefulness, certainty, and truth."

Nor Dr. Campbell who says, page 246, that "all the alkaloidal granules and tablets he has used gave him entire satisfaction, and better success than the usual medicines," which he had used the last twenty-one years. And such too is the experience of the "Senior," Dr. Hightower, page 253, for whom it was "not difficult to fall into the use of the alkaloidal granules, manufactured by different firms," and who finds "Abbott's as good as the best, the French not excepted."

"Alcohol in Medical Practice," page 206, is an editorial dissent from Dr. Crothers' opinion that it should not be administered in sickness even to habitues; in which cases the editor sees grave danger in enforced total abstinence. In ordinary cases, however, the editor seems to reject the benefits derivable from alcohol. From this opinion others again will dissent, and may apply to it his own last strong sentence about intolerance, enthusiasm, run-away judgment, etc., etc.

"Amenorrhea with Nephritis," page 228, by Dr. Cherrington, is a most instructive report of a case brought to our notice last year. This journal fully justifies the name of CLINIC, in which the readers follow up a case in the care of an attending and consulting physician. This is a case of difficult entrance upon female maturity. The embryonic identity of the reproductive and urinary eliminative organs asserts

itself at this critical period, and threatens the life of the patient. Neglect and over-confidence in the ever-over-lauded *vis medicatrix naturæ*, would in this case most likely result in life-long misery. Fortunately the physicians grasped the gravity of the case, and wheeling the alkalometric mitrailleuse against the enemy's forces, routed them and so saved one more human life (and who can tell how may more?) to health and happiness. And we CLINIC readers look on and learn. This is splendid!

"Anemia, Nuclein in," page 239, by Dr. Weaver, is an illustration of the mysterious power of this new remedy in this ailment. It seems to act as a catalytic agent does in chemistry, merely by its presence.

"Antisepsis," Internal, page 203, is a very useful editorial, rapid, retro-con- and pro-spective view of this, the most important remedial procedure of the most modern times. The materialistic denial of the doctrine of vitality, and the fondly cherished endeavor of reducing all organic life to a mere chemico-physical process, and man to an automaton, went hand in hand with therapeutic nihilism. The reaction from this fanatical materialism was inevitable. We are now in the very thick of the doctrine of benignant and malignant living micro-organisms, which are almost seen to produce health and disease. And hand in hand with this new and better doctrine goes on a revival of faith in therapeutic agents. In antisepsis, especially internal, we are able also to understand the *modus operandi* of the remedial agents, and see, too, the criminality of the expectant method which dares to neglect them. Our predecessors, too, who taught us who were once young, the indispensable "ten and twenty" (calomel and jalap) in all acute and subacute ailments, though they knew not the *rationale* we do, still acted intuitively on the right principle we do. And in this improved therapeutic method our Dr. Waugh took and takes a goodly share,

and a mede of gratefulness is due him from us and our successors.

A good illustration of the above is in "W-A-Intestinal Antiseptics," page 233, by Dr. Pring, especially Case 1. Thanks are due the editor and his printing staff for translating the doctor's "apple-butter" into good printers' ink and types.

"Appendicitis," page 230, by Dr. Ide, is a valuable report of a case, which might be denominated "non-suppurative," and is valuable on that account. The doctor's "points of special note" in this case are exceedingly well taken. Interesting, too, in this case is the suppurative cutaneous eruption after the operation. Was the case operated just in time to prevent an internal suppuration?

Appendicitis, suspected, is what the editor thinks of Query 97, page 263. And if it is not this, then the editor gives most appropriate treatments of ailments which simulate that grave disease. It is a fine example of how the CLINIC wants us to treat the sick preventively.

Aphthæ, the subject of Query 98, page 264, gets a modern treatment from the editor, of the results of which it would be very gratifying to hear, as the trouble is frequently met with and not infrequently baffles usual treatments.

Aristol, what it is said to consist of, page 260. If so, then an excellent remedy can be had more reasonably.

"Asthma," query 93, page 262, represents in the editor's reply an excellent example of a thorough examination of a subject of this trouble, without which a promising therapy is impossible.

"Auto-toxemia," query 105, page 266. Both query and editorial answer are a study. The questioner will confer a great favor on us, the readers of the CLINIC, by complying with the editor's request of an answer in one month.

"Burns," page 245, by Dr. Cook, is the report of a case in which nuclein was of much benefit—skin, kidneys and lungs, the

fluid and gaseous eliminants of the body, keep each other's balance, especially the first two. Hence uremia and pneumonia in extensive burns. It is advisable, therefore, to stimulate renal secretion in these cases. Nature did it in this case and relieved the shock.

"Catarrh, Nasal, and Inhalants," page 209, is a clinical lecture of great practical value by Prof. Bishop, who has made inhalants a special study. His remarks about Eustachian catarrh are of special interest.

"Chancroid Ulcers, Treatment of," page 212, by Dr. Chenery, seems so simple and sensible, Father E. will try it on the first case he may have to treat. Meantime let others try and please report.

"CLINIC." Here is a little symposium about its refreshing therapeutics. Dr. Bainter has been from the beginning not only a subscriber but a constant reader of it.

Dr. Steger regards the ALKALOIDAL CLINIC as a timely leader in the departure from the beaten rut of fashionable practice. I suppose this applies to all and every medical school and sect.

Dr. Bundy could never think of trying to get along without the CLINIC.

Dr. Teaser finds in every issue something that hits some particular case that was worrying him. He wants it to become bi-weekly and bi-dollarily.

Dr. Ebert affirms that "the CLINIC calls up varied, important and withal useful thoughts and facts, behind which there seems to be a wonderful store of knowledge, tact, and pressing to the mark." When a good cause is appreciated, its ultimate triumph is but a question of time.

"Diphtheria," page 235, treated with antitoxin, etc., by Dr. Castle, successfully in five out of seven cases. What does the doctor mean by "for effect" in his use of calcium sulphide, strychnine arseniate, and nuclein? Was the use of the other remedies for non effect? What is "Eufor-

mal"? It is very desirable that when a new remedy is mentioned a brief description of its composition or uses be given. A remedy well known in one locality may not be known in another, and to assume universality for it will not help to disseminate a knowledge of it.

Dosage. Dr. J. H. C., page 239, has a "Big Dose Habit," and so he gives an "immense" one to Dr. Epstein. Well, he is accustomed to take his medicine like a man. The doctor's objection to small doses of alkaloids is fully met by the editor. But in addition I would suggest a probable reason for that objection, to wit, the lack of confidence in the person who is to administer the remedy and carefully notice the effect. That lack of confidence is frequently justifiable, and I felt it when I first began to practise alkalometry. But this can be overcome, and our patrons soon learn to use our rifle as well and better than they used the musket.

"W. F. B.," query 86, page 261, finds difficulty with the frequency of administration in the alkalometric method. To this the editor gives a fitting reply, and in all the well-thought-out and well-worded sentences of Editor W. that I ever read, there is none to surpass the last one in the reply. It sounds like a solemn oath, well worth taking and repeating frequently, and obeying always: "I will give my patients, to the best of my ability, the smallest possible quantity of the best obtainable means to produce the desired therapeutic result, and I will give it when and as indicated, regardless of the teachings of any school or any sect."—And let all honest physicians say, Amen! So mote it be!

"E. A. P." query 88, page 261, wants to know the dose of the W-A Intestinal Antiseptic. In his reply the editor desires to know with what success this preparation is used. I used it successfully against gastric nausea, consequent upon dental caries; in typhoid fever; in chronic senile cystitis,

for irrigation of the bladder, three tablets to the pint of sterilized cold water.

"Electro-Therapeutics," page 216, third paper by Dr. Walling, treats of the resistance of the body. The presentation is in the doctor's usual lucid and comprehensive style, leaving no room for further explanations. So too thinks Dr. Beckel of the doctor's teaching, in

"Electricity," page 259, which is his favorite. He even finds it in the biblical account of the creation. But the printer made havoc with the doctor's Latin grammar and Hebrew text; he puts an accusative after an "in" *locale*, and Nevuah—Prophecy, instead of Rouahh—Spirit. [The printer followed copy, but our Hebrew proof-reader was off duty.—Ed.] But the doctor's idea, that the first-created light was electricity, has a good show, since light came into existence long before the light-bearing sun came to shine upon the earth. The doctor's paraphrase of Gen. 1:4 is not clearly enough expressed for me to pass any comment upon it. So is the sentence beginning with "our digestive," page 260, not clear to my mind. In a postal card the doctor assures me that the electrical machine he has built will have "refined, pleasing, *healing* (not *heating*) power."

Emissions, Nocturnal, query 101, page 264, may lead to desperate ideas, as this query shows.

"Eczema," page 257, of fifteen years' duration, is reported by Dr. Sour to have been cured by Resinol, and also an acetanilid-boric acid glycerin solution. "This relieved the itching, etc., etc." To which one of these remedies does this "this" refer? And were they applied simultaneously?

Fibroid Tumor of the uterus is desired by H. M. to be reduced by diet, in query 89, page 261. Can any of our readers tell us what influence starvation has on any tumors anywhere?

"Flushing, Colonic," page 258, by Dr. Harris, is an interesting article, showing

sadly how far down practical doctors will differ even as far as to rectal injections. To be sure an impacted rectum will not permit a tube to pass through it, but there may be an impaction in the sigmoid flexure. And much of the ease or difficulty of introducing a long tube will depend upon the changeable position of that tortuous piece of bowel, whether it lies deeper in the pelvis or at its brim. The usefulness of a long tube cannot be doubted, and the possibility or facility of its introduction high up into the colon should once for all be settled by experiment on the cadaver. [Senn found it impossible to introduce the tube beyond the flexure.—Ed.]

"Gangrene of Scrotum," etc., page 251, is written by Dr. Knight in praise of Antibrule, which, assuming that the doctor is not exaggerating, seems to be the most miraculous of all the liniments lately compounded by the skill of the apothecaries of the country.

"Guaiaicol Externally," page 256, by Dr. Hotson, is another testimony to the surprising antithermal power of this remedy. I have had a case lately in consultation of severe typhoid fever in relapse, in which I advised this remedy. Its action was surprising, but though it was used freely in five to ten drops, it never blistered. The case recovered under alkaloidal treatment, and the free use of the W-A Intestinal Antiseptic.

"Hereditry." Prof. Gates' experimental results on animals are editorially referred to, page 208. An important deduction is, that virtue and vice are not somatically necessitated. Hence, too, the perfect scientific propriety of the professor's appeal to parents, *in re* stirpiculture. It touches also interestingly the Christian doctrine of regeneration.

"Hypodermic Medication" is instructively referred to by Dr. Abbott in his "Practical Hints," page 218. The value of the doctor's alkaloidal granules for this purpose in emergency cases is very ob-

vious. In this connection I desire to say a word on the hypodermic needle. On page 208 the editor approves Dr. Scarlock's method of opening stopped needles. But prevention is better than cure. The stopping is frequently done by the crystallization, or incrustation of the substance used and not thoroughly removed from the needle. The fine wire inserted into it only aggravates the stoppage. I therefore discarded long ago the wire, and use instead of it a cleaned horsehair, with which the bore of the needle can be easily wiped out. [The finer broaches employed by dentists to pull one's soul out through the roots of a tooth, are the best instruments to clear needles.—Ed.]

"Hematuria, Malarial," page 237, by Dr. Brown, confirms Dr. Alford's idea as to the non-administration of quinine in this disease, about which he wrote in the December CLINIC. Dr. B.'s treatment was alkalometric with turpentine.

"Hemorrhage, Puerperal," page 246, by Dr. Heyen, approves from experience Dr. Cecil's advocacy of vinegar as a hemostatic in such cases. He also approves Dr. C.'s plea for a physician's sympathy with his patient. But when Dr. H. says: "Many of our patients need sympathy and encouragement more than they do our drugs," I beg leave to differ from this extravaganza. No amount of sympathy will ever act as a cathartic. Most of our patients need one, especially Abbott's Effervescent Saline Laxative. In that case of retained placenta, when Dr. H. saved the flooding woman's life by injections of vinegar into the uterus, did that bring away the placenta? Or is this implied in the word "stimulant?"

"Impotence," caused by *oxyuris vermicularis*, is a very unusual case, reported by Dr. Newell, page 244, and successfully treated by him in removing the cause.

Incontinence of Urine, from mental overwork, is the subject of Query 99, to which the editor gives a most proper reply.

But would it not be best to add some form of phosphorus in this case, especially if the specific gravity is very low?

"Keeping Patients," can it be done, (Query 104)? My humble opinion is, that if you can keep out some meddlesome friends of the patient and of some other doctor, you will be able to keep the patient in, otherwise your case is hopeless. Medical treatment extends to both patient and friends.

"Laity, The," as it sees us, page 252, by Dr. Hamilton, is written for the amusing instruction of young doctors, to the truth of which the old ones can unhesitatingly testify. But the doctor thinks it is the laity only who think we have one remedy for each part and region of the body. Did he not meet in his studies of medical history with such a name as Rademacher? And the doctrine of that remarkable man contains far more than a grain of truth. [Tell it, Dr. E.—Ed.] So too the doctor thinks, that the obstetrical binder should be allowed as a concession to the "granny." But my co-alumnus and friend, Dr. Ide, is any thing but a granny; and see what he says on the subject, in the March CLINIC. Generally speaking, I am not willing to laugh at popular domestic remedies. They very frequently have a good *raison d'être*, to find out which will assist us to brush up our better knowledge.

Laboratory, of the CLINIC is in active operation.

Martyrdom of Marriage is what I would superscribe Query 103, page 265. What human-made machine could stand the work this woman performed and not break down long before she did? I think an incubator would. I never believed in the gold cure, but the Klondike gold cure for that husband would certainly act as a specific.

"Mastitis," page 229, is always kept from suppuration, by Dr. Johnson, with the fluid extract of phytolacca. The editor's comment is very important. But what objection is there to the soft-solid extract

of belladonna? Apply this as a paint all over the gland, from a little below the clavicle, then over and under the gland, and from the axillary line to the sternum. Cover it over with cotton and apply a broad bandage around the whole chest, to keep it in place. I wish some one would try atropine in lanolin; it would be elegant for the same purpose. [But if the woman is nursing, the belladonna would be more dangerous to the child than phytolacca. Neither should be applied to the nipple, and both should be washed off before nursing.—Ed.]

"Masturbation and Polyuria cured by Nuclein," page 235, is a surprising record of a case by Dr. Collins. What made the urine, of a specific gravity equal to water, very acid"? [Probably oxaluria.—Ed.] To be sure we do not know what makes normal urine acid, but some substance in solution it must be. What a pity a specimen was not sent to the CLINIC Laboratory! And was the polyuria causatively connected with the masturbation? Why should the bromides do much harm in such cases? Which, polyuria, or masturbation?

"Metritis, Endo," page 255. Is it really so that a wafer, put at the external os uteri, will influence the condition of the internal uterine mucosa?

"Nerve-Paths," page 260, by Dr. McArthur, is a full answer to my inquiry, as stated in the editorial comment. It refers to the stopping of hiccough by pushing the tongue against the roof of the mouth. It seems to me now that I was mistaken in looking to the palatal nerves for an explanation of the remedy, as it is more likely that the glossal nerves are concerned in it. And Dr. McA.'s excellent tracing of the *descendens hypoglossi* meets the case. My hearty thanks to you, Doctor!

"Notes," page 221. Editor W. asks, page 223, right column, whether we are not bound to recognize the same devotion in the Hindoo, who religiously sacrifices his child to the crocodile, that we admire

in Abraham's willingness to sacrifice Isaac. In a measure, we should no doubt, in the ignorant Hindoo; but to no extent his religion, which sanctions human sacrifice. [Quite right.—ED. W.] And here, too, the clear-cut distinction with a mighty difference should be made, by every candid critic, between Christendom and Christianity. The latter is the synonym of the religion of Jesus, the Christ, or at worst, that of his professing followers; the former simply denotes the locality where Christianity is prevalent, but not generally obeyed; and here infanticide is practised criminally. On the same page and column, line twenty-four from bottom, read phrase "presently" and not "personally." I don't indulge in that. To the next bracketed remark, "not at all," I will say, that if I am mistaken, I am glad for once to be so.

"Nuclein" (Aulde) is reported by Dr. Burke, page 226, to have greatly benefited two cases of phthisis. The doctor confirms the phenomenon that nuclein and atropine are antagonistic in the human organism.

Nuclein benefited a case debilitated by self-abuse and polyuria, page 235, Dr. Collins.

Nuclein terminating rapidly the cure of scarlet fever, is reported by Dr. Seiple, page 238.

Nuclein, in anemia, re-enforcing the usual remedies in this ailment, is illustrated in a case by Dr. Weaver, page 239.

Nuclein, how best to administer it, is told by the editor, in reply to Query 91, page 262.

"Obstetrical Expedient," of position in applying forceps," is told by Dr. W. C. Abbott, page 218.

"Oxyuris Vermicularis," how to remove them, which is not always an easy matter, is told by Dr. Newell, page 244.

"Pains, After;" page 258, against them Dr. Holladay recommends "viburnin, two granules every four hours. "But, dear me! they come quicker than that. I found hyoscy-

mine granules, one every five minutes, to be very efficient. But the viburnin may be needed against recurrence.

"Pneumonia," page 234, is a report of three cases in the children of one family, jugulated with proper alkalometric treatment, by Dr. Greenlee. Brother E. was not at all surprised, that a David should accept the challenge of the pneumatic giant, seeing that he had the "arms of precision" at his perfect command.

"Pneumonia," was "the first trial" Dr. Campbell made of Alkalometry; and he was successful in this and other cases, page 239. And yet the doctor is only "about converted." Others in his circumstances would be already preaching.

"Pneumonia," page 247, was treated with Pheno-bromate in a number of cases by Dr. Benson. It does not appear in what this remedy is superior to our alkalometric method in this disease.

"Passiflora," page 249, is highly lauded by Dr. McCoy as a mild narcotic. He prefers it to hyoscyamus as not having the usual undesirable effects of the mydriatics. To this the editor remarks, that hyoscyne has all the desired effects of hyoscyamus minus the undesirable ones of atropine.

"Prepuce and Penis." Dr. Holladay, page 258, reports a case of abnormally small penis, and abnormally large prepuce, on amputating which the penis developed beyond the usual size in a few months.

Rest and Work is what I would head the editorial article on page 205, but which is titled "Christian Science," rightly too, if not meant in the perverted sense of the land and time. But no matter the title, the article itself is as full of truth as of delight-giving sentences, which waft on the weary heated head the cooling refreshing breezes of the region from which the editor just then returned, and which inspired that almost inimitable article. Yes, the true science of life is Christian Science. [Amen.—ED.]

"Salt for Typhoid Fever," page 243, is

strongly advised against by Dr. Brookin.

"Scarlet Fever," page 226, was treated *tuto, cito et jucunde*, and anti-contagiously, with aconitine and Nuclein (Aulde) internally and carbolic ointment externally. Is it not possible that nuclein prevents the occurrence of the sore throat so frequently con-comitant with this disease?

"Sex Determination," page 207, is discussed editorially, and as usual instructively. Should it not be "the weakened sex," instead of "the weaker sex?" Hence the birth of boys.

The subject is attracting attention, and deserves to receive a short scientific name. I allow myself to propose the word *geneklexis*, from *genos*, sex, and *eklego*, I choose. The writer also contributes a translated article on this subject, page 214.

"Slag, Blast Furnace," page 227, by Dr. Burgess, an interesting article. Call it, please for short, "Scoria Ferri." I have to thank the doctor for a specimen and an informing letter about it.

"Strychnine Arseniate as a Tonic for the Aged," page 229, which Dr. Blaisdell inquires about as to dosage. I have given an Abbott granule, gr. 1-134, every two hours, to the aged past eighty years of age, with decided benefit and no drawback. When giving gr. 1-30, every four hours, I prefer to use the sulphate.

"Suggestive Therapeutics, the Claims of," page 219, is a rejoinder by Dr. Ritter to Dr. Waugh's not very favorable comments on this subject in his article, "The Unpopularity of Drug Medication," in the February CLINIC of this year. Dr. Ritter presents his side of the question from his point of view strongly and fairly. The trouble however is, that not all who claim to be hypnotists are as fair and conscientious as Dr. R.; and it must be against such that that Dr. Waugh inveighs, who "elevate suggestion into an exclusive system."

"Therapeutics, Concentrated," page 213, is a tribute to alkalometry by Dr. Love, of whom it was said that his specialty

is general practice; ergo his just tribute.

Thermo-Therapy, in the form of the Betz hot air bath, is being successfully applied by Dr. Snyder, page 254. Such reports of cases previously spoken of in the CLINIC are most valuable.

Dr. Lee, page 256, reports six favorably treated cases by the same means. Well, dear reader, I and you will have to get a Betz.

"Typhoid Fever," page 233, as treated by Dr. Reagan, is very interesting as illustrating how intestinal antisepsis is the treatment, a truth which is deservedly gaining the favor of the profession. But the editor is very just in his remark.

Vinegar Inhalation, is it injurious? Query 90, page 261. I can testify to the fact that the excessive ingestion of vinegar, and even small and frequent enemata of it, are decidedly emaciative, and may therefore be provocative of tuberculosis. But inhalation is not ingestion, and we do not hear of consumption being the trade-disease of vinegar distillers.

"Vegetarianism," has three papers in this CLINIC. Page 232, "Diet and Longevity," by Dr. Brewer. The doctor does me injustice; and while I could refute every argument he makes, yet as he "rings down the curtain on the subject," I shall do nothing to encore him. The middle way is the best way; extremes meet, for both are wrong.

Dr. Evans, page 247, is rather severe in his article, "Vegetarianism Pushed to its Legitimate Limits," but he is just.

Dr. Ringer writes pleasantly, dispassionately and inoffensively, on the subject of "Diet and Long Life," page 248.

One question: Why have infant mammals to live upon the concentrated animal food, milk? Why is there a breast and not a turnip on our mother's bosom?

Waugh's Book, gets its just meed of praise from Dr. Bundy, page 241.

E. M. EPSTEIN, M. D.
West Liberty, W. Va.

CHOLERA INFANTUM.

Editor Alkaloidal Clinic:—The primary disease is a catarrhal affection. It is an active, gastric or intestinal catarrh, and occurs during the first two years of infancy, and most commonly in summer.

Causes: Bad hygiene, unsuitable food, great heat. Milk is one of the most common causes, for it takes up septic matter very quickly and is hard to keep absolutely pure. Cholera infantum is supposed to be due to disease germs, is influenced by heat or food, and prevails in low places. The anatomy is that of an ordinary catarrh. Fatal cases may have anemia of the brain.

Symptoms: Patient is irritable and feverish; diarrhea of a mild character for several weeks (in other cases there is no premonition), clear, serous, odorless excreta, with simultaneous vomiting and itching; the body shrunken in a few hours; mouth and eyes partly open; anus sore and excoriated; child becomes torpid, thirsty and feverish; fever remittent, rising to 102° and 104° F; pulse 140 to 160 in the afternoon and 100 in the morning; respiration shallow; œdema of lungs; main heat is in the colon; abdomen rarely swollen; burning heat in forehead and epigastrium; dry, brown tongue; contracted pupils. These symptoms are due to the absorption of poisons into the blood from the intestines. The green color in the stools is said to be due to secretions from specific microbes.

The disease is epidemic and contagious. Cholera infantum may be, first, in the stomach with the bowels all right; second, in the intestines without disorder of the stomach; or third, the patient may have both.

Prophylaxis: Thorough disinfection. First see to the hygienic surroundings. Keep the patient cool; allow use of ice-water and cold drinks; dress loosely, with wool always next to the skin; give plenty of fresh air; do not allow children out during the heat of the day.

Treatment: The first indication is to render the intestinal tract aseptic. Opium in this condition means almost certain death. If the diarrhea be simple give: Aromatic syrup of rhubarb half an ounce; potassium carbonate, gr. xij. Direct: Give ten to fifteen minims every three hours. Also use the following at same stages: Bismuth subnitrate, half an ounce; paregoric, two and a half drachms; camphor water to make two ounces. Direct: Teaspoonful in water every three hours.

Diet: Pure milk, with pancreatin and pepsin; may use stale bread or crackers browned thoroughly, pulverizing and using with milk. If diarrhea is persistent use the white of an egg and water, adding pepsin. To this may be added scraped raw beef, with a little salt and a few drops of brandy. If the rhubarb fails, in twenty-four hours, then I use Prof. Waugh's remedy—sulphocarbolate of zinc. I have had over fifty cases in which I used the above, and have not lost a patient so far. In mild cases give one-half to two grains of sulphocarbolate of zinc every two hours with a grain or so of bismuth. The first result is that the vomiting is checked, then the pain and inflammation subside, pupils dilate, pain goes down, and temperature falls. Continue its use until the stools lose their fetid odor. If the stomach symptoms are better and diarrhea continues, give five to ten grains of sulphocarbolate of zinc by enema, in two ounces of lukewarm water. Treat weakness by light foods, as white of egg, with brandy or wine. Give a teaspoonful of coffee every two to four hours, as a stimulant, without sugar. After the worst symptoms have passed off treat the alimentary tract.

W. E. HOLLAND, M. D.

Fayetteville, Pa.

—:O:—

Dr. Holland reports early, and we trust that many will follow his example, in giving the result of this treatment.—Ed.

HOW TO GIVE A HYPODERMIC INJECTION.

Editor Alkaloidal Clinic:—Inasmuch as the Alkaloidal granules may be, and very frequently are, used hypodermically, I deem it pertinent to indulge in a few reflections on the proper method of using the hypodermic syringe. What I shall have to say will be old to many, but intercourse with my brother practitioners assures me that some of the things will be new to very many others.

Having got the syringe ready, most of us were taught to grasp the instrument between the thumb and fingers of the right hand, holding the barrel in the horizontal position, then with the thumb and fingers of the left hand, to pinch up a fold of the patient's skin, and to thrust the needle longitudinally into this fold. This makes the little operation a very painful one, as we must necessarily wound a great many of the terminal nerve filaments with which the skin is so richly endowed. Where this method is practised it is common to hear the patient say, "Doctor, I dread that instrument."

A better way is this: Select as the place for making your injection the fleshy portion of the posterior aspect of the limb, for here the cutaneous nerves are not so numerous as in front. Avoid the region of large nerve-trunks and blood-vessels. Take the syringe between the distal phalanges of the first and second fingers of the right hand, with its arms resting on their palmar surfaces, and the thumb on the piston head, ready to drive it home. With the left hand grasp the limb of the patient from before, in such a way that the skin shall be tightly drawn at the point where the puncture is to be made. Hold the needle as nearly perpendicular to the surface as circumstances will permit, and with a sharp thrust drive it boldly through the skin into the tissues beneath. Relax the grasp of the left hand, and allow the tissues to open for the

reception of the fluid. Force down the piston and discharge the contents of the syringe as rapidly as you please and withdraw the needle at once. Two or three seconds will suffice for the whole maneuver, and the patient will often say, "Doctor, did you put it in?"

T. B. HILL, M. D.

Waynesburg, Pa.

TYPHOID FEVER. RUPTURE OF UTERUS.

Editor Alkaloidal Clinic:—We have been taught of late years that typhoid fever can be aborted, jugulated, or made to run a mild course—call it what you will—by the timely administration of sulphocarbolates, in doses sufficient to render the intestinal tract aseptic, and to keep the temperature from rising above the point indicating mild fever. For two years I attained such results, prided myself thereon, and was almost led to think that typhoid fever was one of those few diseases against which we possessed a specific. The following case however dispelled my illusion:

Mrs. L., a strong, robust woman, masculine in appearance, weight 160, age 40, came to my office on Nov. 1st, 1897. Her temperature was 103.5° F., pulse 110; she complained of pain in the back and limbs, headache, constipation and general malaise. Typhoid fever was diagnosed, and the patient ordered home and to bed (patient lived fourteen miles from my office). I prescribed a cathartic, followed by sulphocarbolates, forty grains *per diem*, and strychnine, gr. 1-30, four times a day. I saw this patient every two to four days, kept up the supporting treatment, gave baths, and kept the intestinal tract aseptic; although the sulphocarbolates had to be given at times in quantities of 80 grains *per diem*. Nevertheless on the twenty-fourth day intestinal hemorrhage set in and the woman succumbed in 24 hours, hypodermo-

Add \$4.00 to your subscription to the CLINIC for a copy of Dr. Waugh's "Treatment of the Sick"—new or renewing subscribers the same.

clysis and enemas of normal salt solution, vigorous administration of strychnine and nitroglycerin, notwithstanding.

Within the last three months I have treated eight cases of typhoid fever with sulphocarbolates in the manner outlined above, and all these cases recovered. Seven of these cases ran a mild course, a marked improvement in all symptoms being noticeable two to four days after commencing treatment.

The next case which I shall report in this paper was one that made a deep impression on my mind—an impression that neither time nor place can ever efface. While this case and the one reported above both died, and while it affords me no pleasure to report them, yet it is our duty to report our failures as well as our triumphs.

At 6 p. m. March 29, I was summoned to attend Mrs. L. A., a multipara, aged 28. I found her in the second stage of labor, os dilated to the size of a silver dollar, presentation right occipito-posterior, head not engaged and membranes ruptured. In a short while, the os being now fully dilated, I anesthetized the woman and endeavored to perform version, but found it exceedingly difficult to introduce my hand on account of rigidity of the lower uterine segment. The pelvis was somewhat contracted and the sacrum at its articulation with the last lumbar vertebra presented an unusually sharp ridge. On account of these conditions I was unable to raise the head, reach and bring down a foot, or to obtain a correct idea of the state of affairs within the uterus. The appearance of the abdomen indicated twin pregnancy. Realizing that the case was one likely to be protracted and serious I sent for Dr. R. S. Bacon to assist me, and together we succeeded in delivering the woman by version of an oversized but dead fetus, after failing to effect delivery by means of forceps.

Imagine our chagrin when we discovered a large rent in the posterior uterine wall,

which the rigidity of the parts had prevented us from diagnosing prior to delivery. The appearance of twin pregnancy was no doubt caused by the uterus contracting on the fetal head while the body formed a separate mass in the abdominal cavity.

What rendered this case atypical was the fact that at no time during our presence was there any indication of a rupture, such as a sharp, lancinating pain or sudden symptoms of collapse, nor had such symptoms been observed before my arrival. The pains did not cease, nor did we encounter intestines during delivery. After delivery, symptoms of shock supervened to such an extent as to render abdominal section out of the question. Her husband was advised of her condition, and informed that she could live but a few hours.

Delivery was completed at 8 a. m. and she died at 4 p. m.

H. W. HENDRICKSON, M. D.

Montevideo, Minn.

—:O:—

That the typhoid case was of unusual severity is evident by the large dose of sulphocarbolate required to disinfect the alimentary canal. It was a walking case, as the woman came fourteen miles to consult the doctor, with a temperature of 103.5° and the fever sufficiently advanced to admit of diagnosis. Such cases are notoriously likely to die, and of hemorrhage. These facts, and the unusual prolongation of the attack, should have led to the administration of turpentine or silver, for at least a week previous to the occurrence of hemorrhage, even in the absence of the symptoms specially indicating ulceration; and we are sure such symptoms could not have occurred and escaped the notice of the doctor. While we put faith in the sulphocarbolates, we never neglect the indications for turpentine; and if ever a pupil of George B. Wood is still alive he will bear us out.

—ED.

PROSTATITIS.

Editor Alkaloidal Clinic:—The W-A Intestinal Antiseptics are doing wonders in a case of chronic gastritis, of seven years' standing. It had been treated without success by all the other doctors near by, and had been given up to die when I took charge.

Dr. Waugh's "Treatment of the Sick," and the ALKALOIDAL CLINIC are my daily teachers. The alkaloids are working great things in my hands.

The following account has been furnished by a patient: "Three years ago I had acute cystitis, necessitating the catheter. This caused hemorrhage, and left a tenderness in the prostatic region, with spasm of the neck of the bladder. I have been treated by sixteen doctors of various schools, was twice in Chicago hospitals, and am now worse than ever. There is continual irritation and pain with discharge of pus and mucus. Each time the cystitis was under control the necessary use of the catheter caused a return of the symptoms. The urine is sometimes over-acid and at other times alkaline. Of late there is aching and weakness in the back and legs.

"I must avoid acids, sweets, pepper, tea, cheese and most fruits, or the bladder becomes irritable. The passage of urine is always painful.

"Cold baths give me more relief than anything else. The urine passes best when on my hands and knees. The pain is also increased by defecation.

"I am sixty years old, and have fallen away from 135 to 100 pounds. Sexual congress is impossible by reason of the severe pain it causes."

The urine now has a s. g. of 1.030, is neutral in reaction, and has neither sugar nor albumen.

L. P. JACOBSEN, M. D.

Clifton, Ill.

—:O:—

How much suffering a man will endure for want of a little merciful surgery. This

one should have the bladder drained by a perineal cystotomy, letting the diseased tissues have a chance to heal; meanwhile, soothe the irritability by the use of duboisine, in full doses; lithium benzoate, gr. 1-6 every hour when awake; and try to put a stop to the suppuration by calcium sulphide, one grain daily, gradually raised to four grains if necessary. Keep the bowels easy by daily hot enemas. For acute pain put the patient on the back with the hips raised, and apply very hot sponges to the perineum.—ED.

MUSCULAR RHEUMATISM.

Editor Alkaloidal Clinic:—A recent case of the above, a negro 49 years old, with acute pain in right wrist, was relieved and permanently cured after several other remedies had failed, with Buckley's Uterine Tonic.

DR. F. M. LENNARD.

Ft. Lynn, Ark.

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The composition of Buckley's Uterine Tonic adapts it admirably to cases purely of this character. The hyoscyamine relaxes spasm, which is one of the aggravating causes of the congestion, while the macrotin, caulophyllin and helonin, as special alteratives, change the character of the nutrition and the condition is relieved thereby.

This admirable compound of Dr. Buckley's is adapted to many and varied conditions. The exact formula is: Helonin, gr. 1-6; caulophyllin, gr. 1-6; macrotin, gr. 1-6; hyoscyamine amorphous, gr. 1-250. A modification of this formula in which anemonin, gr. 1-134, is substituted for hyoscyamine, is known as "Buckley's Uterine Regulator" and meets a class of cases characterized by hysterical manifestations in which anemonin (from *pulsatilla*) works better than hyoscyamine. These combinations are adapted to congestive pathological conditions, especially of the pelvic viscera.—ED.

INFLUENZA. CANCER OF THE BREAST. PNEUMONIA.

Editor Alkaloidal Clinic:—For more than a month past I had been wandering through the "valley of the shadow," led captive by la grippe, until February seems a horrid nightmare to me, filled with aches, pains, sleepless nights, and unreal imaginings.

The urine was almost suppressed, and a better action so tardily brought about that the poisoned blood induced congestion of the left lung complicated with pleurisy and threatened pericarditis.

Luckily I had a good supply of Alkaloidal remedies on hand, and with the aid of Dosimetritic trinity, sulphide of calcium, carbonate of lithium and heart-tonic, in connection with acetate and bicarbonate of potassium with buchu, keeping the bowels open with Calolactose, sulphate of magnesia, your Anticonstipation granules and the syringe, I managed to reach the point where the lung and heart complication set in.

Then I procured admirable counter-irritation by the free use of thapsia plaster, and began the use of Gardner's syrup of hydriodic acid; first in half-teaspoonful doses, before meals, with three granules of sulphide of calcium, gr. 1-6, one Dosimetritic trinity, No. 1, and one nitrate of strychnine, gr. 1-67, at one dose, closely following each meal.

Now I began to see daylight; my kidneys commenced unloading the detritus of a month's inharmony among the various organs; my lungs cleared up and the pericardial trouble departed like a dissolving view, until today I can breathe to the very bottom of my lungs, and last night I could lie on either side without a pleuritic or pericardial reminder. I have been taking hydriodic acid for a week, and can feel improvement with each dose. It seems to reach and stimulate the ultimate cell to a healthy action in a way that is convincing, if not easily explained. I never could take iodine in any form before this and hesi-

tated long, and carefully began with fractional doses of the hydriodic acid, fearing iodism; but not the least symptom of it has appeared yet, and I feel that all my eliminating organs are now unloading poisons that have rendered life a burden; and that dreadful feeling of utter weakness, and inner consciousness that the entire sympathetic and ganglionic system was either off duty or woefully mixed up as to ultimate results, is rapidly leaving, and I begin to feel that the strike is over.

In regard to the case of cancer: The patient is still taking Nuclein (Aulde), and had seemingly recovered; but within the last two weeks, at the center of the scar of incision—at the point last to heal—there seems to be a slight elevation of tissue, and some exudation of a gummy moisture; also along the line of the scar but removed internally from it perhaps a half inch there is some thickening of the skin in nodular patches, and neuralgic pains more or less severe are complained of.

A girl five years old was taken with whooping cough, and was doing well on ten granules each of atropine, gr. 1-500; sanguinarine, gr. 1-67; and emetine, gr. 1-67; to water, two ounces. Dose, a teaspoonful every two hours. Aconitine, gr. 1-134, as needed to control fever, and five grains Calolactose at night when required to keep the bowels open and the liver in action. The cough was controlled with a four per cent solution of resorcin in equal parts of water and glycerin. Dose, teaspoonful every two to four hours.

She was doing well on this treatment till her father, a railroad man, came home the last of January with the grip, and she took it from him. She was taken with a chill and the full force of the disease centered on the lungs. Her pulse was 140. This case I treated without seeing it, whilst sick myself.

I at first refused to take the case, for I felt too sick even to prescribe, but he would not take a refusal; so I gave him

two powders, each containing Calolactose, six grains; nitrate of potash, one grain; jalap, powdered, three grains; and ordered them given that evening, three hours apart, followed in the morning by sulphate of magnesia in broken doses till the bowels were freely moved.

I gave him a vial of trinity No. 1 granules and ordered one every half-hour till the fever showed signs of abating, then every hour, then two hours apart till she sweat, then as indicated. I told him to go to the drug-store and get a bottle of Trask's magnetic ointment (tobacco, raisins and lard; I often keep it prepared in bulk), and also to obtain a pound roll of cotton batting and hurry home as quickly as possible, remove all the clothing from the child and smear her chest, front and back liberally with the ointment, then envelop her in the cotton batting, applying a flannel roller outside.

This treatment pursued for three days completely broke up the attack, jugulated it we will say, and on the fourth day the cotton batting was removed and a cotton flannel roller substituted and her clothing resumed. She was well and able to be taken out to a public entertainment long before I was half way into the depths of my woe.

HOMER BOWERS, M. D.

New Ross, Ind.

DEATH OF FETUS FROM LA GRIPPE.

Editor Alkaloidal Clinic:—Mrs. R., pregnant at the ninth month. Her cheeks were flushed; pulse 90; no fever or signs of labor; had felt no movements for four days; I could not discover any life in the fetus. The womb was soft and flaccid; so was the os uteri, but not dilated. I gave the following: Hyoscyamine, gr. 1-250; strychnine arseniate, gr. 1-134; one granule of each every thirty minutes until full dilatation of the os uteri, which occurred in

six hours. I then gave her two and a-half grains each of quinine and ipecac, repeated in two hours, when labor was begun in earnest. Then I gave fluid extract of ergot and plenty of whiskey to stimulate uterine contractions and strengthen the patient.

Fourteen hours after my first examination, the patient was delivered of a ten pound female fetus. The placenta and cord were in a condition of gangrene and the skin would peel off in patches when washing the child.

The after treatment consisted in douching the vagina twice a day with a one to one thousand solution of bichloride of mercury, for four days, then carbolized douches 1-500 for the next four days. I gave internally tonics and antiseptics, and ordered a light nutritious diet, with rest in bed for ten days, at which time she sat up feeling better than she had in any of her previous confinements.

This woman had a severe attack of la grippe three months before this time, with no signs of premature labor; but until the death of her fetus, she felt queer movements in the womb as if the little fellow were having spasms. It was altogether different from any of her previous gestations. The cord was wrapped tightly three times around the neck, but this circumstance need not have caused the death of the child, as I have seen the same occurrence frequently and no bad results follow. My opinion is, that the death of the fetus was caused by the mother's attack of *la grippe*. Otherwise the family history is good.

A. N. SPURGEON, M. D.

Kossuth, Ind.

—:o:—

Have any of you noted similar accidents from *la grippe*? If it be a cause of abortion the fact should have been noticed. There has been plenty of opportunity.—Ed.

NUCLEIN.

Editor Alkaloidal Clinic:—You ask subscribers their opinion of Nuclein as tested in actual practice. In my experience it is the greatest curative agent that I ever used.

I first tried Reed & Carnrick's Protocuclein on myself. In health it increased my appetite. I used Protonuclein with the alkaloids in a case of facial erysipelas, and witnessed it dry up the eruption in a very surprising manner. My boy, aged six years, was taken with a very violent tonsillitis, so bad that I couldn't open his mouth enough to make an examination. It acted like diphtheritic tonsillitis, and my ordinary treatment would not touch it. I had some Nuclein (Aulde), which I gave him. In one-half hour I could see he was better. He recovered in two or three days.

I delivered a primipara with the forceps, and as she was lacerated in the vagina I put her on Aulde's Nuclein. She recovered surprisingly well. I have had all the septicemia I want, and now use nuclein after every confinement as a prophylactic.

Last winter I was taken suddenly with hematuria. I was out of nuclein at the time, and kept about the same till I received some. A few days after taking it I was much better, and recovered promptly.

I had a patient seventy-seven years of age with a severe cold. As I had but little nuclein left I decided that he could get along without it, and I would save it for an emergency. About three days later he sent for me, said he was going to die, he knew he was. Then I trotted out my nuclein and left him some. Next day they said he was a little better. When he was out of nuclein I couldn't build him up; when he had plenty he built up. The last I heard from him he had been out to cut some wood and his nurse said he could eat as much as she could. I am satisfied that nuclein has saved the seventy-seven-

year-old man from, not a premature grave, but a pretty certain death by the old style of treatment.

Nuclein in this Rocky Mountain region, in my practice, will paint the hue of health on the pallid, cheek; it will fire the eye, put hope in the hopeless heart, put courage in the soul, and make a man who has given up the battle of life get up and hustle to keep up with the procession. He who was instrumental in introducing this grand therapeutic agent to the notice of the medical profession, is certainly a benefactor to the race.

I am sorry for any physician who will not give it an impartial test. The ALKALOIDAL CLINIC is the peerless medical journal of the age.

H. C. MARTIN. M. D.

Meriden, Wyo.

NUCLEIN THE ACTIVE PRINCIPLE OF ANTITOXINS.

Editor Alkaloidal Clinic:—I have been of late much interested in the study of clinical reports upon the use of several blood-products now on the market. The diphtheritic and other serum antitoxins, Nuclein, Bovinine, red bone-marrow, Ferrum Sanguinis, etc., have each been used for similar purposes with similar results.

Many report cases of diphtheria cured by Nuclein in the same manner as by antitoxin. Is it not possible that it is the Nuclein in all these agents that effects the cures?

There is food for thought here. If Nuclein be the curative agent in them, how it would shorten the road to the end desired if the truth were established.

S. E. HALE, M. D.

New Orleans, La.

—:O:—

Possible, even probable. The question can only be settled by those who will employ both Antitoxin and Nuclein and compare results. That is what we need. Some of the articles named are also, however, richly nutritious foods.—ED.

AN ABDOMINAL CASE. STRONTIUM IN NEPHRITIS.

Editor Alkaloidal Clinic:—A young man, aged eighteen, had two days before ridden a bicycle a distance of twenty-eight miles, the last six miles of which he had "scorched." Next day he had vomited several times. I found him suffering with spasmodic pain in the right iliac region; tenderness over McBurney's point; temperature 103; just recovering from a severe chill; nausea, and vomiting green matter. The pain and tenderness were localized, the center of intensity being at a point midway between the umbilicus and the anterior inferior spine of the ilium. There was no tumor or induration to be felt; possibly a case of catarrhal appendicitis.

For the nausea and vomiting I gave tincture nux vomica, fifteen drops; water, one-half tumblerful; a teaspoonful every thirty minutes. Externally, turpentine stupes as hot as could be borne. For the pain, hyoscyamine, gr. 1-250, one granule every hour.

I called again in a few hours, and found that the nausea and vomiting had stopped, the tenderness and pain were better, the temperature the same, 103°. I gave two powders of calomel and soda, equal parts, and continued the hyoscyamine. Called again the next morning, found the young man up and dressed, reading, the soreness reduced to minimum, temperature 99° F. The powders had been given at intervals of about five hours, and had operated five times. In a few days the patient was out as usual.

A veteran of the late war has been a sufferer from Bright's disease for several years. His urine is loaded with albumen. He has retinitis, and dilated capillaries of the face, etc., catarrh of the stomach and the usual symptoms of chronic Bright's.

Last fall I put him on strontium lactate, which has checked the progress of the disease. He has very little trouble with his

stomach and is getting along comfortably. He has gotten through the winter without being laid up, which he has not done for several winters.

He has taken ten grains three times a day as an average dose, after meals, in a little water.

Try this drug and report.

WM. H. RUSSELL, M. D.

Ipswich, Mass.

—:O:—

Dr. Russell starts in with the granules, with an interesting case for which hyoscyamine was well suited. I have employed strontium lactate in the desquamative form of Bright's disease, with decided benefit; though in one instance rheumatism developed.—ED.

THE TEST TREATMENT FOR SYPHILIS.

Editor Alkaloidal Clinic:—It becomes a question often of insurance companies as to the existence of syphilitic poison in a party wanting insurance. I was once asked by a syphilitic if he still had syphilis. He had contracted the disease twelve or fourteen months previous to this time and had been treated, and quit the treatment three or four months thinking he was cured. I told him I thought he still had the poison in his system, but I would place him on my test treatment and find out. He took the treatment, which consisted of one ounce of whiskey and five drops of tincture of belladonna, four times a day for thirty or forty days. After twenty-eight days there appeared an eruption on the lower third of his legs of the usual characteristic copper color.

I have tried this treatment a number of times, and it often proves successful in bringing out the eruption. Therefore I should suggest this plan of testing when in doubt. For parties wanting insurance it is important to obtain as full an account as possible of the date of infection, as the more remote the time, the less the liability

to a relapse. In case there actually existed syphilitic poison, the proposal for insurance should be postponed until a suitable treatment has been carried out and an interval of a proper time elapsed, that is, at least eighteen months since the last treatment, and four years since the infection. In the majority, testing accidents declare themselves at or before forty years of age.

W. W. PUGH, M. D.

Hearne, Texas.

INFANTILE MALARIA.

Editor Alkaloidal Clinic:—Today I have been housed up by a very ugly Easter storm; so I thought I would run over my last year's file of CLINICS and see if I missed any good things. I was more particularly examining the different numbers to get a sort of summing up on serum-therapy—especially in the treatment of the fell-destroyer pulmonary consumption. As I rambled on, pausing here and there to note the various suggestions made by my alkaloidal confreres, I chanced to light upon a short communication from Dr. Sanborn who reports a case of ague in a child fourteen weeks old.

I will briefly give my experience as to one case: In the fall of 1858, I was practicing in a very malarial neighborhood, in a very malarial season. I had three or four patients in one family. Upon one of my visits the mother said, "Doctor, I believe my baby is having chills."

The infant, which was three weeks old, had a paroxysm every afternoon. That afternoon I returned and found the babe in the midst of a chill, its skin became blue, its extremities cold and nearly black.

In those days we had no arseniates, such as our dear Doctor Abbott has so nicely and successfully prepared for us. So, I prepared a solution of quinine in strong coffee and ordered what I supposed to be about 1-4 of a grain at a dose, and

told the mother to give as much as two grains in the usual way. I also mixed some quinine with lard and directed its inunction. That baby had no more spells.

I saw a child one week old die of what I believe was ague. It had been sick every day, for half its life, with what the mother called "a cold spell" every afternoon. If I was right, it had an ague when it was three days old.

A very sensible midwife once told me that she had seen a babe, two days old, have an ague which was cured with quinine. The mother of this last case claimed that she believed her child had chills before it was born. She herself was very malarious at that time.

When I began to practise medicine in the southwestern part of Missouri, the bulk of a doctor's work was done in the latter part of summer and during the fall. Oh, how the people did shake! We had a great deal of the two forms of congestive fever, so well described by that old patriarch of medication Dr. W. L. Coleman; and as I read his excellent contribution on malarial fever, I felt that he was recounting my experience. Now our work is largely in the winter and spring; and every ailment is modified by that exasperating and dangerous complaint, "La Grippe!"

I wish to thank the editor of the CLINIC for what he says in the February CLINIC, 1897, on "Alkaloids Appreciated by the Seniors." In the range of my personal observation, the medical men who are patrons of the dosimetric method are old practitioners. Maher and Moore of Humunsville are doctors of probably fifteen and twenty-five years; Dr. W. C. Gentry, a very good physician, has been in business twenty years; Dr. J. A. Pack is seventy-two years old and has been a physician all his manly life; while your humble servant has been dosing the dear people for forty years. If Dr. Pack could call back twenty years, he would be a tower of strength for "the arms of pre-

cision." He is a very intelligent man, a good surgeon and has been a successful practitioner. We regard him as the true friend of every meritorious physician; and as a father to young men who are trying to be somebody. But quacks had better stand from under; he flays them alive.

Z. L. SLAVENS, M. D.

Hermitage, Mo.

ZOMAKYNE TABLETS.

Editor Alkaloidal Clinic:—We wish to say to Dr. J. R. Lytle, Rankin, Ill., who objects to the hardness of the Zomakyne tablet, that we make them as soft as possible and still prevent breakage in handling. We invariably advise the use of the powder in order to obtain quickest results; though there will be no trouble with the tablets, which are more convenient to give, if the patient is instructed to crush them in the mouth and swallow with a little water. Dr. Mary E. Little of Nevada City, Cal., says that relief will be more prompt if taken in *hot* water.

We thank Dr. Lytle for calling attention to this matter; and we trust, Mr. Editor, that you will give this letter the prominence that the subject warrants.

THE MALTBIE CHEMICAL CO.

Buffalo, N. Y.

HYPNOTISM.

Editor Alkaloidal Clinic:—The comments on hypnotism and suggestion in your last issue have inspired me to have my fling at the subject. Hypnotism as a fad has been pretty thoroughly worked in the last few years, and out of it all comes a grain of real truth.

A great chemist has discovered by analysis and physiological research, that the secretions from the bodies of persons suffering with diseases of a given form, reveal the presence of certain substances technically called toxalbumens.

Experiments with these substances upon

man and the lower animals prove them to be poisonous.

Now if disturbed mental states can cause the production within the organism of substances which are antagonistic to health, does it not rationally follow that a healthy state of mind and body would equally advance the assimilative and nutritive processes of the system?

Physiology is able to inform us very little concerning the nutritive processes of the body. But this we do know, that the nutrition is presided over primarily by ganglionic centers in the brain and spinal cord.

We are assured as a result of carefully conducted experiments, that when the portion of the spinal cord known as the anterior is damaged in any way, disturbance in nutrition of the body corresponding to the portion of the cord affected takes place.

If disease be in the upper part of the cord (the cervical or upper dorsal region) the arms or upper portion of the body shrink (atrophy), and the same thing happens in the lower extremities, if the corresponding or the upper and lower dorsal cord is injured. We know, too, that it is possible to hypnotize one portion of the cerebral cortex while the remainder of the brain is active.

Is it not then reasonable to suppose that we can direct, by the will and by suggestion, that intangible, immeasurable thing called vital force, to a diseased member and promote its healing? Is it unscientific and against the laws of physiology? I am sure it is not.

Eminent neurologists tell us, and they are borne out by anatomical and physiological research, that different parts of the brain and nervous system, under certain conditions, may learn to perform vicariously the function of another part of the brain or nervous system. For example, I am totally deaf, and yet I can distinguish conversation through my fingers. We

know certainly that motor impulses pass down along certain tracks in the spinal cord, and there are also paths over which the sensory impulses travel to the brain.

Now, as pathology teaches us that when from a disease or an injury one part of the brain is unable to do its work, another portion of the nervous system will not only perform its function but will develop a new path over which its work may be transmitted to the periphery of the body, if the injury be not too extensive; so we find for mental therapeutics not only a rational explanation of its empirical results, but a firm foundation in physiology and pathology. I mean by mental therapeutics, hypnotic suggestion, or, in other words, so-called Christian science or even homœopathy. In my opinion Hahnemann was an earlier discoverer than Mrs. Eddy (although she claims to have a more clinging cinch on the throne of grace) of the law of mental healing. His high potency and moonshine treatment is nothing but hypnotic suggestion, and this is no fling at homeopaths, for some of the greatest healers in our land are homeopaths. Hudson, in his law of psychic phenomena, recommends dabblers in the occult to study Christian science, which he considers more rapidly develops and leads the way to the subconscious self. He deals spiritualistic fakes a decided solar plexus blow, and yet even the mediumistic spook trainers perform astonishing tests, under what I believe to be essentially the same law.

Physicians as a rule seem to think it necessary to fight these mental healers, and I am inclined to think this a mistake. You cannot crush a truth by persecution. Let these osteologist holy cinchers like Dowie and Mrs. Eddy throw up all the dirt they can, and let us see if it is pay dirt. "We don't know it all." Paracelsus was, I have no doubt, a great humbug, and yet he discovered great truths, and Dr. Aulde's Nuclein is another of them. The eclectics were first to demonstrate the

active principle in drug medication. Eclectics, homœopaths, Christian scientists, spook wrestlers, all have developed some good thing, brought up some pearl which is absolutely priceless, from the muddy stream of conjecture.

"Rah for them all! Great oaks from little acorns grow. Let the pin-hook be baited, while the band plays, and if a minnow of truth swallows the bacon, yank him in."

I think it was poor Jane Carlyle who said, when writing to a friend, that she was dating her letter from hell, and Tamas was a very devil for controversy. Well, I don't date this from any such a place, and yet some of the letters I receive commenting on my longevity articles make me sympathize somewhat with her. Why, bless you, my brethren, I am some like the old darkey; when asked how he liked having his freedom, he replied: "Well, sah, I done miss de ole master, and missus, and de licking. An' I dunno for suah, sah, but dat I miss de lickings de most."

HORATIO S. BREWER, M. D.

Chicago, Ill.

THE OLD WAY.

Editor Alkaloidal Clinic:—The pocket-case is a little gem; the CLINIC is superb; Shaller's Guide is pure gold. "Dosimetry" certainly possesses the merit of being based on common sense and reason. I am firmly of the opinion that it is destined to become the practice of the future. A disciple of the old system, speaking of the little granules, said, "I wouldn't know what to do with such homœopathic doses as those."

I am inclined to believe that some patients recover in spite of the doctors, rather than because of them. Here is an example of orthodox practice: Little girl twelve years of age; severe headache, of the throbbing, jumping sort, made worse by any movement; pain in limbs, back and back of neck; mouth and tongue dry; ton-

sils slightly inflamed; temperature 102°; pulse over 100; constipated. A physician was called and prescribed Lactopeptin, salol and quinine, in usual proportions, to make five grains in capsules, one every three hours. The child was utterly unable to swallow the capsules, so two doses were taken out and administered, but the bitterness made it almost impossible for her to take any more. In a day or two the little patient's condition improved and soon she was well.

Did these two doses cure her? What would have been the dosimetric treatment of this case? I believe in Alkalometry because it appeals to common sense. If there was any sense, common or uncommon, in the treatment of the above case, I fail to see it.

A STUDENT.

Roanoke, Va. —:O:—

The child should have had her bowels emptied by a few doses of Saline Laxative and in the mean time a half-granule of Dosimetric trinity every half hour until the febrile symptoms subsided, with hyoscyamine for the tonsillitis. Much pleasanter than the antique mixture she took, and more efficient.—Ed.

DYSPEPSIA.

Editor Alkaloidal Clinic:—Mrs. Blank, aged thirty-three, mother of two children aged two and four; anemic; quite thin; bowels regular, rests well at night. For several months past, nauseated very much after meals and frequently vomits three or four times between meals. This is most marked about the menstrual periods.

Treatment: (1) A half grain of calomel every half-hour until well purged.

(2) Strychnine sulphate, 10-16; copper arsenite, gr. 24-100; water to make three ounces. Direct: One teaspoonful in a glass of hot water before each meal. "Shake well before taking."

I also directed that no liquid at all be taken within two hours of meal-time, ex-

cept the glass of hot water in which her medicine was taken; that the midday meal be very light; to report in a week.

Result: Immediate relief. From the time she reported on above treatment until October 16th, was sick twice, and both times the vomiting was caused by eating things that always did (and probably always will) disagree with her.

She had "long ago" stopped taking the medicine, but a few days since noticed a return of the nausea and vomiting. I put her on the same treatment, and she reported decided improvement.

My reason for reporting the above case is, that arseniate of strychnine is advised in such conditions; but one does not always have every drug needed, and cannot always get it at local shops. But in the future I shall probably prescribe arsenite of copper and sulphate of strychnine in water. Arseniate of strychnine may be good (others may have tried it and say it is); arsenite of copper and sulphate of strychnine are good (I have used them and know they are).

"Hold fast that which is good."

V. L. PERRY, M. D.

Charles Town, W. Va.

—:O:—

Credit the hot water with part of the cure. You will find copper arsenite a good thing to lean upon.—Ed.

THE RIGHT RING.

I have used the W-A Intestinal Antiseptic tablets to good advantage and some of the anti-constipation granules, and so far they have acted nicely. The more I use the alkaloidal preparations the better I like them. I am giving all my spare time to studying the Active Principles and Theory of Alkaloidal Medication and believe it is the coming practice of the day. I cannot see why it should be otherwise; it is so much nicer, handier, cleaner and pleasanter, both for doctor and patient, and I believe more certain in good effect. Hurrah for Dr. Abbott and the CLINIC and all its co-workers! I think it is the best medical journal in existence.

Burnett, Tex.

M. D.

CONDENSED QUERIES ANSWERED



The great amount of material that has over-crowded our "Miscellaneous Department" in the past, renders the establishment of this new department a necessity. The essentials of a long letter can often be put into a few lines. Many have important questions they would like to ask but do not for lack of time to write a "paper". It is for just these that this space is given.

Queries coming to this department prior to the 15th will be answered in the issue of the month if possible, and if your editors do not feel able to give the information desired, the point in question will be referred to some one who is; while at the same time this, as well as all other departments, is open to the criticism of our readers. Free thought and free speech rule in the CLINIC family.

Query 120. Mrs. H., aged forty-one, 10-para; had good health until a year ago when she had sore throat. Since then at each menstrual period she suffers severe pain, and this has now become continuous. The pain is cutting, darting and shooting into the groins, abdomen and inside of both legs. The uterus is ulcerated, the posterior lip thickened, the mouth open more than the size of a quarter-dollar and discharging thick, yellowish matter, not very offensive. She has no appetite, is fast losing flesh, and has a most agonizing, woe-begone countenance, the skin ashy pale.

Is not this a case of cancer?

J. L. G., Missouri.

It look like cancer; if so, the sooner the woman is operated upon the better. To make an absolute diagnosis, cut out a small piece from the posterior lip of the cervix, place it in a two per cent solution of formalin and ship it to us at once, accompanied by \$2.00. We will make a pathological examination of it and report diagnosis at once.

It may, however, be syphilis.—E.D.

Query 121. Scrotal eczema, presumably; intense itching at times, skin becomes dry and scaly; have tried several remedies with only temporary relief. Please suggest treatment.

A STUDENT.

Clear out the bowels and give intestinal antiseptics. See if there are seat worms. If not, you must look for a local or systemic cause for the irritation. If plethoric, give calchicine; if anemic, select iron arseniate.—E.D.

Query 122. WOMAN aged thirty-six, five children; had influenza in 1893, and has never been strong since, but had cough hemoptysis, chills, fever and night-sweats. She has run down from 200 lbs. to 110; temperature, 99°; respiration, 22; pulse, 90; chest flattened, movement limited; vocal fremitus marked; slight amphoric resonance; sputa copious, of mucus, pus and blood. The treatment has been codeine for pain, strychnine and iron arseniates as

tonics, iodoform and emetin for cough, and Nuclein (Aulde) as a reconstituent. She is improving somewhat, coughs less, sputa improved, eats and sleeps better.

Shall I discontinue, or resort to the serum treatment?

Z. L. S., Missouri.

Add atropine and the Intestinal Antiseptics; push your iodoform and strychnine up to toleration, and fill her up with cod-liver oil. You cannot use serum intelligently until you have had the sputa examined and find what micro-organisms are at work upon her lungs.—E.D.

Query 123. A FARMER twenty-five years old complained of pain in his hands, passing up the arms, to the small of the back and up to the back of the head, when he fell unconscious. The seizure was followed by headache and fever, confining him to bed for several days. The paroxysms have recurred at irregular intervals, since 1884; but he had not fallen in them for a long time, until two months ago, when he attended a series of religious meetings. Since then the spasms have been very severe and for several weeks he has been confined to bed, on the verge of insanity.

A peculiar feature of the case is that since the first spasm he cannot lie on his back and extend both legs at once without exciting muscular spasms, a combined jerking, flouncing and kicking motion too rapid to be counted.

Is this epilepsy, and what can be done for it?

T. B. R., Indiana.

Have you thought of Pott's disease? If this condition were here, the extension of both extremities would draw on the psoas muscles and probably dislocate one of the softened vertebræ and press upon the spinal cord, giving rise to the spasms you mention. I do not believe it a case of epilepsy. It might be some form of sclerosis of the spinal cord—possibly lateral. Examine the man's spinal column throughout its whole length with the utmost care, looking for tenderness, swelling, etc. Examine

the whole abdomen to see if you can discover any enlargement along the psoas muscle. Examine the groins; see if there is any tenderness there or indication of downward extension of psoas abscess. Look well to the man's knee-jerks. Examine the eyes, the pupils. Test the ankle-clonus, the wrist-jerk. If it were epilepsy, during the seizures you would find the pupils equally dilated, entire unconsciousness, stertorous breathing, cyanosis of the face, generally frothing at the mouth. The seizures would probably all be preceded by the same aura, and the spasms would begin in the same part of the body and extend in the same manner until the whole anatomy was included. These spasms are caused by pressure on the spinal cord from the softened and dislocated vertebrae, the result of Pott's disease, or a spinal tumor. Examine the chest and lower extremities for areas of anesthesia. Test the muscular sense, heat and cold sense. Look for analgesia and the loss of tactile sensation. Try these on his feet, legs and thighs, and see if we cannot get a definite idea of the case.—Ed.

Query 124. LABORER, aged fifty-eight, married, good health for ten years past; has feeble erections and lateral curvature of penis; irritable bladder; strong sexual desire. He never had syphilis.

J. H. H., Illinois.

Hypertrophied prostate, cystitis and possibly varicocele. Give hyoscyamine and alkalies; or lithium benzoate, one scruple daily, with plenty of water. Introduce a steel sound, full size, once every five days, leaving it in for ten minutes. Saw palmetto has been found useful in some of these cases. Examine the prostate and seminal vesicles through the rectum.—Ed.

Query 125. I HAVE for ten years had bilious dyspepsia; complexion bad; tongue brown; bowels regular; appetite too good; metallic taste; weak and irritable; occasional frontal headache; somewhat rheumatic, and sensitive to cold.

A. E. B., Illinois.

I doubt if your bowels are regular, though they may be open daily. Take a teaspoon-

ful of Saline Laxative every morning and a W-A Intestinal Antiseptic tablet before and after each meal. Drink no fluid while eating and favor in your diet such articles as require long chewing, such as dry toast, tough meat, boiled whole wheat, pop-corn, etc., with all sorts of fruit and green vegetables. Take a cold bath daily, rubbing vigorously with coarse towels.—Ed.

Query 126. MAN, twenty-two years old; synovitis of knee, one year's duration, probably tubercular; scrofulous; has had bad cough. He has improved in a week, treated by hot water and iodoforn ointment locally with Bovine internally. Can I do better?

W. C. D., Michigan.

Add guaiacol to cod-liver oil, one drachm to two ounces, with a drachm of iodoforn, and apply on flannel continuously, over the joint. Give a drachm of syrup of iodide of iron four times a day, with strychnine arseniate, gr. 1-30, and Nuclein (Aulde), two tablets.—Ed.

Query 127. Can you give the formula of Antiphlogistine recently mentioned in your journal?

K. Z. X.

As published, Antiphlogistine consists of glycerin, boric and salicylic acids, iron carbonate, peppermint, gaultheria, eucalyptus and iodine, combined with the base, dehydrated oxide of alumina, silicate and magnesia.—Ed.

Query 128. WOMAN, thirty-five, a wife fourteen years but never was pregnant, always dysmenorrheic; for some years constant ovarian pain, with epileptoid attacks, muscular spasms, and unconsciousness for days at a time. (The mother was epileptic.) She has retroflexion with adhesions, the internal os will not admit a sound. The attacks are worse in summer, when she is confined to bed for two months. During severe attacks she has intense pain in the heart.

A. N. T., Georgia.

Use glycerin tampons for ten days; then anesthetize her and replace the uterus, keeping it in place by a ball of wool in the vagina. Meanwhile give her Buckley's Uterine Tonic (helonin, macrotin and caulophyllin, of each, gr. 1-6; hyoscyamine, gr. 1-250), four granules daily; keep the bowels loose, for constipation increases

the suffering; and give strychnine arseniate, gr. 1-134, every two hours, to increase the vitality of the affected tissues. Try this before considering removal of any organs.—ED.

Query 129. FARMER, thirty-five; in good health, but has had pain and tenderness of the dorsum of the foot for a year; aggravated by walking, with slight swelling. Weighs 210 lbs. Has no rheumatism or nephritis.

J. L. M., Illinois.

Flat-foot. Insert a wedge in his shoe to form an artificial instep.—ED.

Query 130. A WOMAN, fifty-eight years old, had been treated for years for liver complaint. I found the bowels impacted requiring the repeated use of the long rectal tube to relieve painful paroxysms. The Anticonstipation granules do not give entire satisfaction, the passages being numerous, small and ribbon-like.

G. P. J., Illinois.

This is one of the few cases in which the Anticonstipation granules are not indicated. There is an obstruction to the discharge of feces, probably a retroflexed uterus, and this must be removed.—ED.

Query 131. I HAVE a little patient, nine years of age, with goiter. I have been trying the latest remedies with no improvement.

Would it be safe to use Morton's fluid as an injection into the tumor?

C. I. H., Texas.

The injection is safe if carefully given. The treatment by iodine, internally and externally, is tedious, as it requires a year or more; but it is the best and safest. Give one drop of tincture of iodine, one to six times a day, and paint daily with the tincture diluted to one-eighth.—ED.

Query 132. I HAVE been suffering from seminal emissions for four years and have one about every week; my appetite is poor; I feel heavy after eating; tongue coated, breath bad; constipated. I do not feel refreshed after a night's sleep and sometimes feel sleepy during the day. I do not feel like working; and if doing hard work my head swims upon rising.

J. C. C., Ill.

Take a granule of podophyllin twice a week, and a dose of Saline Laxative every morning. An emission weekly is not pathological. If not followed by marked depression and melancholy it is harmless.—ED.

Query 133. DISTICHIASIS.—Is there any medicine which will relieve the condition of the eyelid known as distichiasis, without injury to the eye-lid, when not caused by entropion but due to an abnormal growth of the cilia? If there is such a medicine, please tell me through the CLINIC where I can get it.

S. M., Ind.

I know of one case completely cured by hypnotic suggestion. The cilia remained, but all irritation ceased. Further than this the treatment is surgical and not very satisfactory.—ED.

Query 134. Two cases of rheumatoid arthritis have given me great anxiety. Both show the most prominent effect in the hip-joint. In both, the disease came on slowly and steadily not causing much pain for several years.

In one the muscular tissue about the joint have been shrunken for years; and this has been the most prominent, indeed the only, warning symptom of the disease.

In the other there had often been rheumatoid pains, not severe until the limb began to shorten and cause a decided limp. Then the pain grew worse, especially in damp, cold weather, and after hard work on the feet.

Both patients have exostoses on the cranial bones. Treatment seemed to check these and to diminish the more recent. I would be thankful for suggestions in treatment of these cases from any who will be kind enough to make them.

I have great confidence in the ALKALOIDAL CLINIC.

I. R. H., Michigan.

This condition cannot be cured with our present knowledge, and many times it is difficult even to relieve it. For the pain administer tonic analgesics. Dry heat produces good results, and the Betz hot air bath would be the very apparatus to use. Follow each bath with inunctions of hot oil. Temporary relief usually follows the use of iodides, such as strontium iodide, gr. 10, four times a day, with arsenic iodide, gr. 1-67.—ED.

Query 135. I want your advice on the treatment of sterility. I have used the best drugs that I know of, without having success in this case.

I prize the CLINIC very much, would not be without it for anything.

J. W. M., Miss.

The treatment of sterility depends upon the cause. If real, there is no treatment. If symptomatic, seek the cause and remove it. Medicine will do no good. You do not state whether it is a man or a woman. If a woman, examine her genitals, looking for flexion in the uterus or stenosed cervical canal. Perhaps there is a perineum which

has been lacerated, so that the semen cannot remain in the vagina long enough for the spermatozoon to start on its way to the Fallopian tube; or the woman may have a vaginal secretion so acid that it kills the spermatozoa before they start up through the cervix. In this case, of course, you would employ alkaline douches. If the cervical canal is stenosed, dilate it, making an incision along its entire length on its under side for insertion. If there be an ante or retro flexion, the uterus must be replaced and maintained in position by pessary or operation. The trouble may lie at the husband's door. The only way to make sure of this is to obtain some of the semen after intercourse and examine it under the microscope. If the spermatozoa are motile, they are all right; if they are non-motile, the man is sterile.—ED.

Query 136. I have a patient who chews tobacco to considerable excess. What can I give him to chew while he is reducing the amount? Dr. Waugh mentions Cocobola in his book; where can it be procured, or can anything better be had? The man has been melancholy for some time. He is about thirty; solitary in his habits, not taking much interest in company; no evidence of onanism; is afraid he is going out of his mind; has a good appetite and the body functions appear normal; tendency to be fleshy. "Anticonstipation," "Infants' Anodyne" are doing good work. Strychnine arseniate, caulophyllin and a little hyoscyamine recently worked well in an obstetrical case. "The easiest and shortest labor" she ever had and much the largest baby, a 16-pounder. J. E. B., Maine.

We know of nothing better for the man to chew than the Cocobola which Dr. Waugh mentions. This is an invention of Dr. Waugh's, and is manufactured by the Standard Chemical Co., Ltd. For this man's melancholy, until you get the Cocobola, nothing is perhaps better than hyoscyne hydrobromate, gr. 1-100, three times a day, best administered hypodermically. If there should be a hereditary tendency to insanity, it will make the prognosis very much otherwise. Keep him out of doors in the fresh air, or have him exercise well; this and change of scene will do more than anything else. Another thing which we can recommend for the tobacco

habit is apomorphine, gr. 1-67 to 1-20, every two hours, sufficient to maintain a slight nausea. This could be used very well in conjunction with the Cocobola. Suggestion is also applicable to these cases and works well. Keep bowels loose.—ED.

Query 137. FEMALE, aged forty-five, tertiary syphilis, nervous system badly affected, paralysis on one side; mind seriously affected, illusions and delusions, loss of memory, etc.; somewhat improved by regular specific treatment; iodide of potash with mercurial inunction. Stomach rebels at more of the potash solution. Is there anything that will take its place? Mercury makes it more disagreeable. Is there anything corrective? As the addition of mercury is more difficult to disguise, could the potash be given and a few granules of protiodide of mercury at the same time? At present I am giving patient a much desired rest from potash solution and am giving granules of protiodide of mercury with granules of strychnine arseniate as a tonic.

H. W. C., Iowa.

Give the protiodide alone, gr. 1-6, six times daily, for seven months, and drop the potash altogether. The nervous phenomena demand strychnine in full doses. Free dilution with water is the best means of making the iodides less unpalatable; or you may cover the taste somewhat by giving in sarsaparilla, or in sassafras tea. Anyhow, erase potash and substitute soda in all prescriptions.—ED.

Query 138. MAN, forty-two, single, always delicate. Two years ago gastric symptoms developed; very nervous, jerky; distress in epigastric region and heart, but no actual pain; continually spitting or vomiting a highly acid fluid, greenish or brownish; sits on his knees in bed, cannot lie down; always speaking of this acid; heart and pulse normal; bowels regular but dark stools; diet, raw or soft boiled eggs, milk and a little bread; ice cream seems to give him relief; rarely vomits food; gets no relief from medicine. J. L. W., Ohio.

Doctor, this man ought to be put on rigid hot milk diet with Saline Laxative following a blue pill to open the bowels freely, and two Intestinal Antiseptic tablets in a glass of hot water before each meal. Apply a small sinapism over the epigastrium. For pain give iodoform and hyoscyamine, one granule each every hour till relieved; for acidity or nausea, a large pinch of Saline Laxative in a teaspoonful of hot water, every five minutes. Let us know results; for we have to vary our remedies to meet the needs of these cases.—ED.